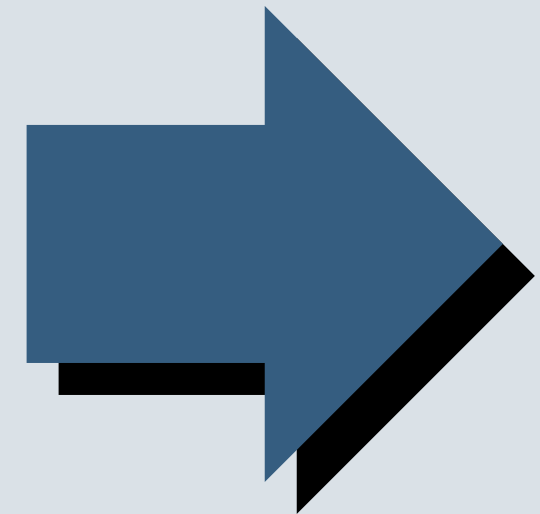


**Lancashire and South Cumbria
Integrated Stroke and Neurorehabilitation Delivery Network**

Annual Report 2021-23



Published July 2023

Foreword

Aaron Cummins - ISNDN Senior Responsible Officer

As the Senior Responsible Officer, it has been a pleasure to lead the transformational work of the Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN). I am very proud to represent such a dedicated team, driven to provide exceptional stroke services to the population of Lancashire and South Cumbria.



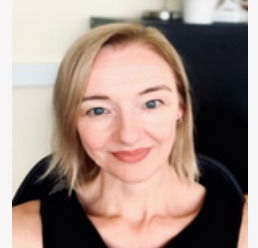
Over the last 12 months, there are many things we as a team are proud of. Patients and carers are at the forefront of all our conversations. We've worked closely with the Stroke Association, the Stroke and Neurorehabilitation Patient and Carer Assurance Group and the stroke workforce throughout the year to really guide our work to improve the way that stroke care is delivered.

Looking forward to 2023/24, we will continue our work to improve the experience of stroke survivors and their families which will include providing 7-day thrombectomy services, 7-day rehabilitation services in hospital settings, and 6-day rehabilitation services in the community. I am also excited to make more headway with the creation of the region's Acute and Comprehensive Stroke Centres and to witness the impact these will have on patients and carers across the region.

I would like to take this opportunity to thank everyone who has supported the ISNDN over the past year, and everyone working within stroke and neurorehabilitation services in Lancashire and South Cumbria, for the wonderful work you do every day to support Stroke patients in our region.

Dr Deb Lowe - National Clinical Director for Stroke – NHS England

I am honoured to have been asked to write this forward and continue my support for the Lancashire and South Cumbria ISNDN board. I have been highly impressed by the vision, commitment, talent, and innovation within this network.



As we look ahead to restoration and recovery post pandemic, not only for our services but also for ourselves, we must ensure that we remember what we have learnt over the last three extraordinary years. We should use our experiences to build resilience, both personally and within our teams, to be even stronger and with an increased resolve to deliver high quality, evidence-based stroke care. It has been refreshing to see that Lancashire and South Cumbria ISNDN has embraced this and are focusing on workforce, its sustainability and capability. Many other stroke networks have benefited from learning from the exemplary work that has been done here.

The last two years have seen some of the most rapid innovation in the history of the NHS, so seeing that the prioritisation of the 'good stuff' including virtual interventions and the use of the National Optimal Stroke Imaging Pathway, incorporating Artificial Intelligence to expedite diagnosis and decision making in the hands of skilled clinicians is impressive.

Let us not forget that you can have the best policies and strategies in place, but they mean nothing without the people, the infrastructure, and compassionate, collective, and inclusive leadership. Having seen our Integrated Stroke Delivery Networks in England develop and grow over the last year, I am confident that Lancashire and South Cumbria ISNDN are better placed that many to bounce back and improve across our care delivery pathways.



ISNDN Programme Board

The ISNDN Programme Board is made up of representatives from stroke and neurorehabilitation services – both clinical and operational, commissioners, patients, the Stroke Association and education and research. All members are passionate about and dedicated to providing high quality stroke and neurorehabilitation services for residents of Lancashire and South Cumbria.



The ISNDN Programme Team during a team day.

Our Ambitions

As an ISNDN, we strive to ensure every patient receives the right care in the right place at the right time, delivered by the right people with the right knowledge and skills.

This will deliver improved outcomes, reduced hospital stay and increased community support. This will result in a reduction in stroke mortality and lifelong disability.

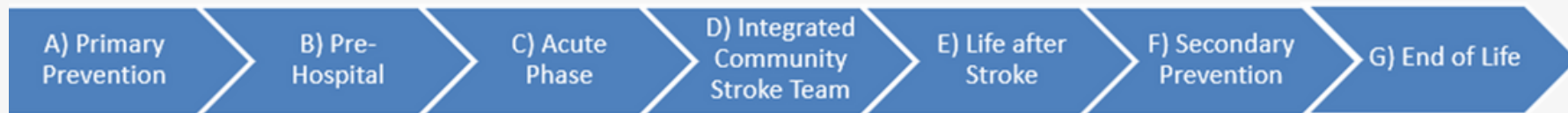
We will listen to our patient voice, ensuring our delivery is clinically driven and patient led.

We aim to improve:

Clinical outcomes and quality of life for patients and their carers across the entire stroke pathway.

We will achieve this through:

Collaboratively making improvements throughout the patient pathway from prevention and the pre-hospital (ambulance) phase through to integrated community stroke and neurorehabilitation services and beyond so that every patient receives timely, best practice care.



The ISNDN Programme Team



Hayley Michell
Interim Director for Stroke Programme



Elaine Day
ISNDN Manager



Cath Curley
Clinical Director



Sharon Walkden
Clinical Network Programme Manager



Helen Vernon
AHP Clinical Workforce Development Lead















Hannah Boyd
Clinical Network Manager



Julie Emerson
SQuIRe Clinical Network Programme Manager

Introduction to ISNDN Clinical and Workstream Leads

Prevention	Pre-hospital	Hyper-acute/Acute
Jeannie Hayhurst and Mammen Ninan 	Matthew Dunn 	Cath Curley 
Stroke Rehab	Neurorehab	Psychology
Helen Vernon 	Hollie Ringrose 	Rachel Domone 
AHP Workforce	Telestroke	SQuIRe
Helen Vernon 	Nicholas Roberts 	Julie Emmerson 
Workforce Strategy	Research/Education	Communications
Dianna Hollins 	Liz Lightbody 	Jeremy Scholey 



Patient and Carer Stroke and Neurorehabilitation Assurance Group

The Stroke and Neurorehabilitation Patient and Carer Assurance group was established in November 2020. We provide a voice for the stroke and neurorehabilitation patient and carer, contribute to the workstreams and engagement activities of the ISNDN and report into and hold to account the ISNDN Board. We meet monthly via Teams, but in November 2022 had our first in-person meeting.



Les Readfearn joined the group to make a difference to future patients and carers' lives after stroke, and experience a new challenge to complement his many current roles as a Stroke Association volunteer. Les has supported communication and engagement elements by designing a presentation to explain the group's purpose and creating the slogan "Save Lives. Reduce Disability. Enhance Services" to support the "Enhanced acute and rehabilitation stroke services" business case work.

To date group members have contributed meaningfully to:

- the Lancashire and South Cumbria Stroke services specification to ensure the patient and carer voice is present throughout
- identifying the location of the region's second Acute Stroke Centre
- developing the preferred option for delivering psychological support following stroke
- creating patient led standards for neurorehabilitation services
- engagement with Stroke Association groups across the region

Jean Sherrington is an advocate for the use of digital methods to improve the lives of stroke survivors and presented the patient point of view at the NHS Skills and Development Connect conference at the Grand Hotel in Blackpool. Jean's presentation was titled "I am the patient". Jean highlighted the use of AI and digital methods for patients, and you can watch the presentation [here](#).



Patient and Carer Stroke and Neurorehabilitation Assurance Group



Glenys Marriott, Chair of Headway South Cumbria:

“I was delighted to join the ISNDN Patient and Carer Assurance Group which addresses vitally important issues and influences visible change for patients. The ISNDN are always keen to listen to patient experiences and actively pursue resolution to improve services. Through the work of the group, we get priorities addressed and the chance to oversee and comment on service changes.

I was nominated by Headway South Cumbria members for the Platinum Champions Award to celebrate the Queen’s anniversary. Claire Hensman, Lord Lieutenant of Cumbria presented the award at her home and it was a privilege to tell her about the needs of people after brain injury.”

Our Headway members are survivors of brain injuries and their families and our group celebrated its 10th Anniversary in October.

Sue Schofield, Carer Representative:



Being part of the patient and carer group has been a wonderful and enlightening experience for me. It’s been overwhelming at times as there are ongoing work streams covering every part of the stroke journey being looked at and improved on.

It’s difficult to be involved with everything as a full-time carer for 13 years. I have been a volunteer for the Stroke Association for 12 years, starting a carers group ‘Wine and Whinge’ for other people whose lives have been affected by stroke and feeling alone and isolated and a “Fun 4 stroke” support group for stroke survivors to meet each other and share their experiences as well as having speakers and activities exercise e.g. seated yoga. I’m also the lead volunteer for two stroke choir groups, on-line Bingo and during covid the Stroke Association started the “Here for you” telephone support service - it’s a very rewarding job!

I was also successful in becoming a carer PPI adviser relating to the piloting of a new role – a Carer Support Nurse - by East Coast Community Healthcare.

Volunteering is a big part of my life, and I was thrilled when I was nominated for the BBC “Make a Difference Award 2021” and was shocked and honoured to have won.”

Stroke Prevention

Strokes can be devastating for both the individual and for their loved ones and carers, but many can be prevented. The NHS Long Term Plan (LTP), released in 2019, set an ambition to save thousands of lives by identifying and supporting those at highest risk and helping them to manage their conditions.

The Lancashire and South Cumbria Stroke Prevention Strategy was launched in 2018. The strategy supports the LTP with a clear focus on improving detection and management of the three main clinical risk factors for stroke: Atrial fibrillation (irregular pulse), high Blood pressure, and high Cholesterol, also known as the ‘ABC’ risk factors. A significant number of people across the North West will have these risk factors, but be unaware of this.

We know that prevention strategies are important and an area where the pandemic has had a detrimental effect, with primary care facing mounting pressures. We must support our primary care and community colleagues to ensure that we ‘Make Every Contact Count’ when it comes to delivering improved brain, heart, and vascular health. A priority is also to reduce the negative impact of health inequalities.

Progress in implementing this Strategy has naturally been significantly slowed down by COVID. To allow for this, and for the alignment with nationally set targets, the Stroke Prevention

Strategy is currently under review and will adopt more of a Cardiovascular Disease Prevention approach, to incorporate Coronary Heart Disease Prevention in addition to Stroke Prevention.

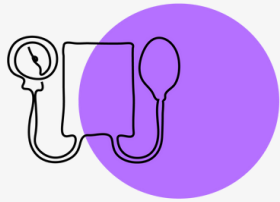
The Stroke Prevention workstream has continued to work closely with Business Intelligence and Data Quality colleagues to develop a Stroke Prevention Dashboard, which was proudly launched in November 2021.

This resource presents information on the levels of prevalence, diagnosis and treatment of AF and blood pressure in the region and enables commissioners (those who purchase health services for the region) and those who provide health services to monitor progress against the Stroke Prevention ‘ABC’ risk factors, and inform them of priority areas for improvement



Image of Stroke Prevention Dashboard

Stroke Prevention



At the end of 2020, NHSE identified the significant impact that COVID has had on the management of high blood pressure. This will potentially result in an increase in heart attacks and strokes, and so the BP@Home Programme was launched to combat this.

The Stroke Prevention workstream supports the delivery of this and other blood pressure initiatives across Lancashire and South Cumbria, to ensure that stakeholders continue to work towards the detection and management targets set within the Stroke Prevention Strategy.

The audit of lipid management across Lancashire and South Cumbria has been further refined this year and a briefing paper currently awaits presentation. It highlights the findings of the audit, together with recommendations for improving lipid management and services across the ICS.

We now also have a new, very welcomed member of our CVD prevention team in Dr Gavin Galasko - Consultant Cardiologist from Blackpool Teaching Hospital NHS Foundation Trust. Dr Galasko has been appointed as our Lipid Clinical Lead.



The [Lancashire and South Cumbria Healthy Hearts and Brain](#) website was launched just prior to COVID. Its aim is to raise awareness of the ABC risk factors and contains links to supportive resources in relation to identification and management, for both the public and healthcare professionals.



The recent development of the Lancashire and South Cumbria Cardiac Network has offered the opportunity of aligning the Stroke Prevention and Cardiac Prevention workplans. Alongside this there has been the formation of a Lancashire and South Cumbria CVD Prevention, Detection & Management Group which will incorporate stroke, cardiac, diabetes, kidney and respiratory prevention strategies and enable a collaborative approach to prevention across several long-term conditions, which share many clinical and lifestyle risk factors.



Pre-hospital



Over the past year, despite the continual extremely challenging situations for the delivery of urgent and emergency care, the North West Ambulance Service (NWAS) has achieved many things to be proud of. Many of these achievements are summarised in our book of achievements available [here](#), one example being NWAS as the first ambulance service in the UK to embed public health professionals to look at approaches that can help improve patient experiences and tackle inequalities.

In March, we saw the introduction of NHS Pathways as the triage tool used for 999 calls. Already used by our 111 teams, NHS Pathways is the clinical tool used to assess, triage and direct patients and the public to urgent and emergency care services. Using a single primary triage system will allow a consistent outcomes for stroke patients regardless of which number they use to call us.

The development of the Complex Incident Hub in our Lancashire locality contact centre brings together clinical coordination, specialist resource dispatch such as air ambulance, alongside decision making advice. A function that is supportive of the recent changes made to the hyper acute stroke provision in North Merseyside, and future proposals for the reconfiguration of the Lancashire and South Cumbria Stroke pathway.



We are NWAS



NWAS is also currently working in collaboration with Greater Manchester Integrated Stroke Network to develop a triage pathway for patients who present with stroke or transient ischaemic attack. The eight week pilot aims to use video triage improve the accuracy of diagnosis and decision support, by using iPad technology to link NWAS clinicians with a Stroke consultant who can provide patient assessment and advice, alongside decision support. We continue to monitor this exciting project whilst considering the potential benefits for our communities.

A key event in 2022 has been the launch of NWAS new organisational strategy. This was created with input from our staff and patients. It outlines where we want to be in the future by defining a shared purpose: to help people when they need us most - a succinct reminder of our 'why' and timely reset of the vision aims and values, that describe the behaviours, which underpin all that we do.

Urgent treatment for stroke in hospital

The first minutes and hours after stroke symptoms are experienced are precious and getting the right care as soon as possible is critical. A recent survey found that two fifths of respondents did not recognise stroke as a medical emergency that requires urgent attention.

The sooner a stroke is diagnosed, the more quickly stroke treatment can begin. The more quickly treatment begins, the better the outcome will be. Time is brain. For every minute the brain is deprived of necessary blood flow, 1.9 million brain cells die.

Around 85% are caused by a blood clot blocking a blood vessel in the brain. Patients who arrive at hospital within 6 hours of stroke onset can be eligible for effective treatments that aim to break up or remove the clots:

- Thrombolysis uses a medicine that dissolves the blood clot and is given intravenously. This treatment has to be provided within four and a half hours of first experiencing stroke symptoms and is not suitable for everyone, as there are guidelines for who can and can't have it, to make sure it's safe and effective.
- Thrombectomy is a procedure that mechanically removes the clot. Again this procedure is not suitable for everyone and is used when the clot is in a large blood vessel in the brain.

We are planning to expand the treatment window for thrombectomy from the current 6 hours to 24 hours for patients where salvageable brain has been identified by a specialist scan called CT perfusion (CTP).



Urgent treatment for stroke in hospital

To improve the thrombolysis and thrombectomy rates for the region, there are plans in place as part of the “Enhanced acute and rehabilitation stroke services” business case to have 24/7 stroke triage nurse cover in Emergency Departments. This will help to navigate the patient quickly through the system – carry out assessments, arrange the necessary tests, and arrange transfer for thrombectomy, if appropriate. The Lancashire and South Cumbria ISNDN has worked with the Stroke Patient and Carer Assurance Group, acute stroke service providers and others, to create the business case for improving stroke services across the region.

The Strategic Commissioning Committee of the Integrated Care System (ICS) ratified the business case in July 2021, which set in place a commitment to invest millions of pounds in enhancing the acute stroke and rehabilitation centres in Lancashire and South Cumbria over the next three years. The first phases of the implementation process are underway, alongside a public engagement exercise to understand any issues or concerns this process raises.

We have developed an Operational Implementation Group to monitor the progress of delivering the business case, so that each site is held accountable for their improvement plans. Also running alongside this is the expansion of the Lancashire Teaching Hospital Trust’s Thrombectomy service and extension of the opening hours in a phased approach over 2022/23.

Extract from "Enhanced acute and rehabilitation stroke services" business case

Executive Summary

Reducing mortality and dependency due to disability after stroke remains a key strategic priority for the Lancashire and South Cumbria (L&SC) health and care economy in 2021. The shared vision of all stakeholders in our system, inclusive of stroke survivors, is to deliver sustainable and equitable acute stroke care to benefit close to 6,000 people across Lancashire and South Cumbria who attend the hospital emergency department with suspected stroke symptoms each year.

Although marginal gains have been made in recent years through increasing collaboration and knowledge sharing between system providers, only two out of five acute stroke services in our system are achieving a ‘B’ rating on the Sentinel Stroke National Audit Programme (SSNAP) for their local population only. This demonstrates an unwarranted variation and inequitable access to best-practice stroke care for the population.

As a system we are currently providing life-saving treatments including thrombolysis (clot busting intervention) and mechanical thrombectomy (clot retrieval intervention) at rates less than the national average and well below the national ambition laid out in the NHS Long-Term Plan. This indicates people are missing out on important treatments and our health and care economy is spending more on avoidable NHS care and Personal Social Service costs as a result.

This business case seeks to address the unwarranted variation and increase thrombolysis and thrombectomy rates to the national ambition. As a system we must come together to increase the speed and capacity with which our acute stroke and ambulance services can respond to stroke to save lives and reduce disability. Improved patient outcomes in the region of 36 more lives saved and 360 stroke survivors with less disability each year is expected.

Commissioner investment over a three year period is now sought to implement an enhanced Network model of care designed to optimise workforce capacity, stroke beds and ensure nationally recommended travel times to hospital emergency departments across our expansive semi-rural geography are not compromised. Levelling up the workforce and capital assets of three Acute Stroke Centres (one of which is a Comprehensive Stroke Centre), two Stroke Recovery Units and the North West Ambulance Service will cost local NHS commissioners an extra £13.8 million a year in revenue and £5.7 million in capital expenditure.

The economic benefits are compelling. A reduction in societal costs to the NHS, Social Care and patients and their carers is anticipated through more efficient ways of working as a Network, a significant reduction in Personal Social Service costs and increased productivity/employment attributed to the increase in people living independently after stroke.

The purpose of this full business case is to:

1. provide a 3 year plan for enhancing the quality of, and reducing the variation in access to, acute stroke care and rehabilitation services provided across Lancashire and South Cumbria
2. secure the Lancashire and South Cumbria Strategic Commissioning Committee’s approval of the capital and revenue funding to implement the enhanced network model of care proposed
3. confirm the governance arrangements for implementation
4. advise the Committee in public, the plan for further communication and engagement with stakeholders

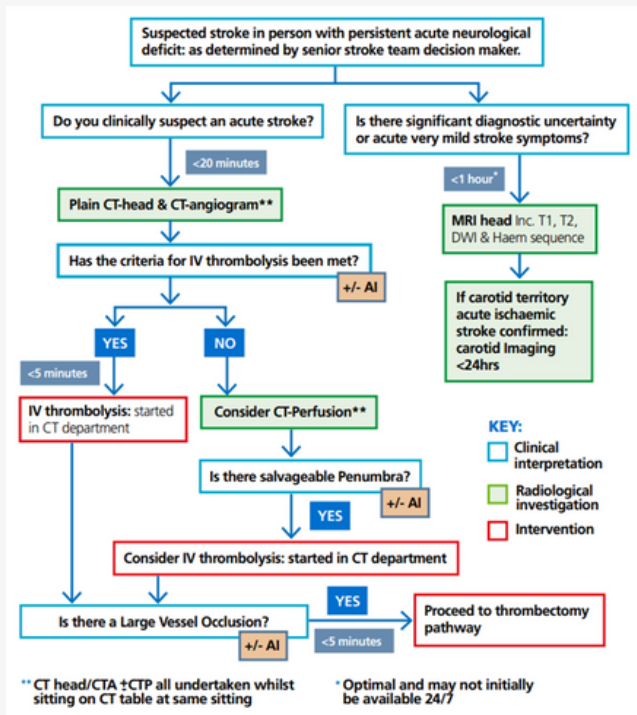


NOSIP

The National Optimal Stroke Imaging Pathway (NOSIP) was designed in response to the review of the imaging pathways of all acute stroke providers in England, with the purpose of guiding the efficient use of radiology resources.

The initial assessment of patients suspected of suffering a stroke involves time critical and appropriate imaging.

Following the NOSIP pathway is expected to reduce stroke-related deaths, disability and length of stay for these patients. The ISNDN is committed to implementing the pathway across the region in 2023/24.



The NOSIP Pathway.

Thrombectomy

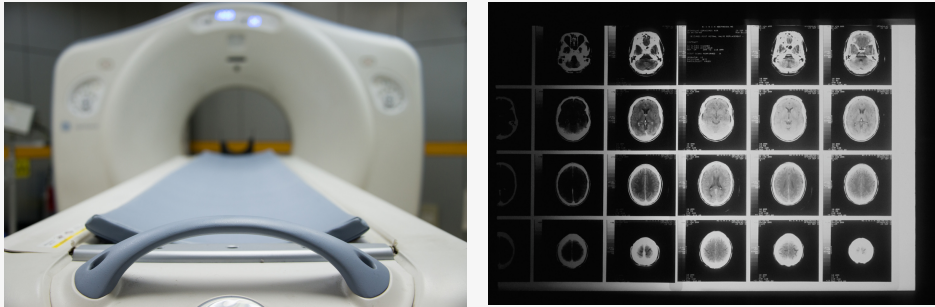
Mechanical thrombectomy is a revolutionary treatment for stroke patients whereby the offending clot is removed from within the vessel using x-ray guidance. This treatment can prevent profound disability when performed in the right patients, thereby significantly improving the quality of life for patients and their families, as well as substantial cost reduction to social care and the economy.

Royal Preston Hospital is the hub site equipped to provide this treatment in our Neurointervention Suite, and takes referrals from across Lancashire and South Cumbria. Between 2500 and 3000 patients in our region are diagnosed with a stroke each year and somewhere between 10 and 20% of these would benefit from thrombectomy.

There remains a lot of work to do so that all eligible patients have access to this treatment. We are actively recruiting Radiographers which will allow us to begin a phased expansion of service hours within the next year, and we hope to have established a 24/7 service by the end of 2024. The Neuro-intervention Suite necessary to provide thrombectomy is due an upgrade in 2023, and plans are in place to extend it to two rooms within 1-2 years. We are also starting to roll out CT Perfusion capabilities across the region which will allow us to capture more patients for treatment.



Digital and AI



The introduction and implementation of Artificial intelligence (AI) for Stroke across Lancashire and South Cumbria was undertaken as a truly collaborative venture utilising expertise from within the ICS Digital Workstream, Diagnostic Workstream and the Stroke Programme Team, working alongside Trust stroke teams, Radiology departments and with our AI provider Brainomix Ltd. It was implemented as a phased approach in July 2020 and is available at all acute trust sites for CT & CTA reporting, along with additional CTP reporting at Lancashire Teaching Hospital Trust.

AI for stroke is a decision support tool which is used to:

- Assist clinicians in timely identification of acute ischaemic stroke patients eligible for life-saving treatment, in particular for administration of IV thrombolysis (clot busting drug) and/or
- To identify patients eligible for mechanical thrombectomy (blood clot removal).

Both these treatments result in reducing the number of deaths and disability of stroke patients.

The e-Stroke Suite, supplied by Brainomix Ltd, is a set of tools which uses artificial intelligence software in real time to support stroke consultants and radiologists involved in stroke care. It provides decision support for CT Brain scans, CT Angiograms (CTA) and CT perfusion studies (CTP) in acute ischaemic stroke situations, as well as a platform for timely sharing of images between key healthcare professionals within and across stroke networks, to facilitate stroke decision-making.

This tool can be accessed by an App on a phone or by the internet. A scan can be reviewed, and results sent to a stroke clinicians' phone. Within 2 minutes of the scan being performed, the clinician will then, based on clinical assessment of the patient, determine the treatment plan. It can significantly reduce the time for urgent treatment and in doing so help reduce disability and death.

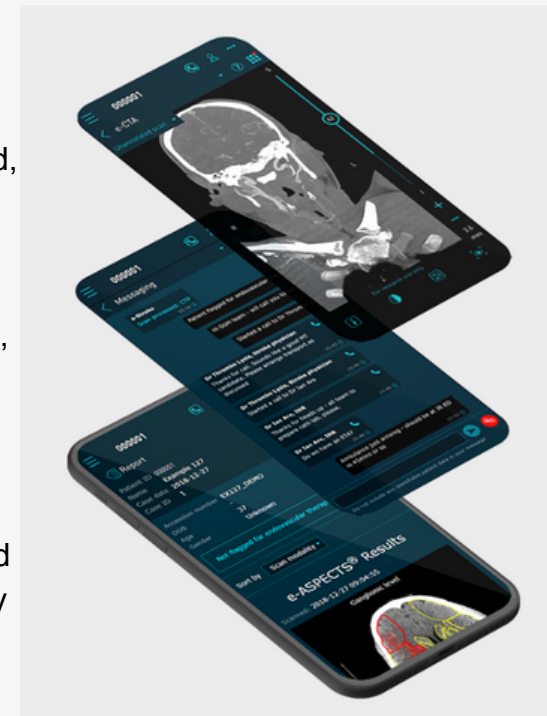


Image of the e-Stroke Suite phone app.

Stroke Rehabilitation

The stroke rehabilitation workstream seeks to ensure that high quality rehabilitation is provided across Lancashire and South Cumbria for all stroke patients, in both hospital and community settings. This is possible thanks to a committed community of clinical staff and operational leads who attend the monthly stroke steering group and input to task and finish groups for specific project work.

Key Achievements This Year

- Educational resources

We have partnered with Health Education England (HEE) and the Lancashire Teaching Hospitals Trust (LTHTR) blended learning team to produce videos and eLearning resources looking at various aspects of stroke care. These resources are aimed at qualified staff including nursing staff and Allied Health Professionals (AHPs) who work in stroke care. and will shortly be available on the E-learning for Health (ELfH) website. We were also approached by the President of the Society for Speech and Language Therapists (SLTs) in Ukraine to allow them to use the videos to promote Speech and Language Therapy as a profession in Ukraine.



Still from Functional Independence training video.

- Carers Alert Thermometer (CAT-S) pilot

As part of our national and regional service specification, it is important to ensure carer needs are considered through screening and signposting. We have partnered with Edge Hill University, who developed this screen, to pilot the CAT-S as a resource to identify additional support needed by carers of stroke survivor. This is being tested in 3 ICSTs and the results of the pilot will be collated by Edge Hill University.



- Outcome measures

Outcome measures reflect the impact of the health care service or intervention on the health of patients. Following the national rehabilitation pilots, certain outcome measures were used to measure improvements in impairment, function and wellbeing post stroke. To prepare for likely national recommendations around outcome measures, a task and finish group looked at the outcomes we used and produced both an interim and long-term plan around the introduction of key outcome measures outlined in the rehab pilots. Training needs were also identified.



Stroke Rehabilitation

Upcoming Work

- Competencies

In order to maintain high quality stroke care as a region, we will be looking at what stroke specific competencies are required for each profession and at each band, including Assistant Practitioners. We will link in with national colleagues and review the Stroke-Specific Education Framework (SSEF) to ensure we align with the capability frameworks.

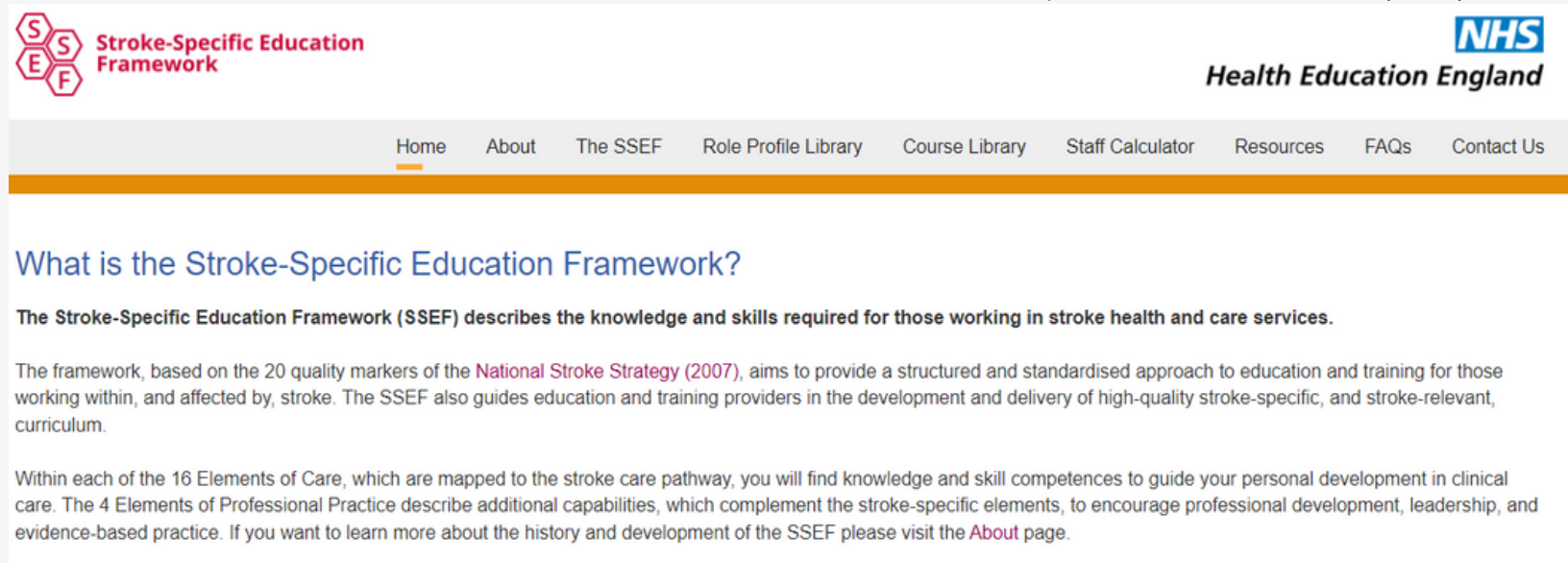
- Health Education England (HEE) funding

In September we were successfully granted £23,000 for training for L&SC. The successful bid included training around cognition, vision and upper limb. A scoping exercise around when and how to deliver this training will take place in the new year, to ensure we maintain high quality stroke rehabilitation services.

- Modified Rankin Scale (MRS) training resource

The MRS along with EQ5D-L are the only outcome measures currently in SSNAP (Sentinel Stroke National Audit Programme). Variation in scoring on the MRS can give a false picture of a stroke survivor's progress, e.g. an individual's perspective of whether a patient has slight or moderate disability. In order to reduce this variation, an animation training resource is to be produced in partnership with the blended learning team at LTHTR.

Extract from the Stroke-Specific Education Framework (SSEF) website.



Neurorehabilitation

The current programme of work to redesign neurorehabilitation service provision across L&SC is a continuation of activity that has been ongoing for many years but which now has oversight from the ISNDN. Bringing together commissioners and providers across the region, the steering group holds the vision that all people who need specialised neurorehabilitation will be able to access it in a timely manner, both as in-patients and in the community.

Using the National Service Framework for Long Term Conditions (2005) (NSF), commissioners and providers have carried out an exercise to capture provision for the four main conditions groups:

Sudden onset conditions followed by variable recovery e.g. acquired brain injury	Progressive conditions e.g. Parkinson's Disease
Intermittent and unpredictable conditions e.g. Multiple Sclerosis	Stable conditions with changing needs due to development and aging e.g. cerebral palsy

A Model of Care has been developed to describe how to provide effective neurorehabilitation services across Lancashire and South Cumbria. The key principles of this new model are:

- The preferred place for rehabilitation is in the community, with patients only being eligible for in-patient rehabilitation if their needs cannot be met in a community setting. Specialist rehabilitation can and does take place in the community for patients who do not need care in a hospital bed.
- Rehabilitation is a goal-directed process, and the rehabilitation phase ends when rehabilitation goals have been completed.
- Community specialist rehabilitation teams should be able to respond to all referrals in a timely manner. This means both being able to pull patients from acute care as required, and to respond quickly to referrals in the community.
- Resources will need to be reallocated across the whole rehabilitation pathway to enable flow and unblocking of acute beds.

Rakehead Rehab Centre has carried out a test for change by opening up the beds to all Lancashire and South Cumbria residents, not just Pennine Lancs patients. Further detailed modelling is needed to determine the right number of beds for rehabilitation patients, including a review of the beds at Royal Preston Hospital Neurorehabilitation Unit and Sue Ryder, and the Individual Funding Requests.



Neurorehabilitation



Siân Davies, being selected as a finalist at the 2022 NWC Awards (for the NROL programme).

Siân Davies is the Interim head of Therapies, Head of SLT & AHP Lead for stroke and neurorehabilitation, ELHT. Supporting clinical leadership of the neurorehabilitation programme.

The outputs from the community services mapping show little up-to-date documentary evidence of commissioning arrangements and significant variation in provision, with mixed and often restrictive acceptance criteria for services, long waiting lists, standalone services outside of a MDT model, and limited integration with other community services in some areas. The complexity of the picture does not give a full account of the level of unmet need and there is poor capacity-demand data across many of the providers.

Ongoing work includes:

- Service activity data capture for 6 months to provide a current state/baseline
- The development of core standards, patients led standards and detailed in-patient and community standards to clearly articulate what good looks like and to inform an end-to-end service specification
- Learning from areas of good practice e.g. integrated IP-community pathways
- Expansion of the NROL (Neurorehabilitation On-line) project
- Review of neuropsychology provision
- Review of commissioning across the model

We would like to take this opportunity to introduce our new Clinical Lead for Neurorehabilitation, Hollie Ringrose. Hollie Ringrose is a Consultant in Rehabilitation Medicine at East Lancashire Hospitals Trust and Lancashire Teaching Hospitals Trust and we are thrilled to have her joining the ISNDN.



Hollie Ringrose,
Neurorehabilitation Clinical Lead

SQulRe

NHS England has funded 7 Stroke Quality Improvement in Rehabilitation (SQulRe) roles across 7 national regions. The purpose of the role is to support the implementation of the Integrated Community Stroke Services model with a workforce focus by nurturing leadership, building capacity, promoting a quality improvement ethos, knowledge sharing and stakeholder engagement to work with systems and organisations to address challenges.

LSC ISNDN has an additional resource; clinical network manager Hannah Boyd funded by the SQulRe funding. We co-work with Helen Vernon, AHP clinical lead and our Transformation Unit workforce colleagues Dianna Hollins and Kevin Carberry to add value to the existing work programme. This North West wide SQulRe post promotes shared development and learning across the 3 ISDNs and access to the national SQulRe work programmes.

A HEE Star workshop in March 2023 has a focus on the ICSS model.



Key achievements:

- Vocational rehabilitation

We have established a working group across the 3 ISNDNs in Lancashire & South Cumbria, Cheshire & Merseyside, and Greater Manchester to develop the options for delivery of a Vocational Rehabilitation pathway. Training was delivered to an AHP in each of the community stroke teams in Nov 22 following a training needs analysis. A North West wide Community of Practice is in place to support on-going learning and an evaluation of the impact of the learning on practice will take place by May 23. A data collection exercise took place between December and February to understand the demand for this service. A high-level best practice draft vocational rehab pathway has been developed. The above work will enable the development of models of service delivery.

- Advanced clinical practitioners

L&SC ISNDN and ICB secured funding for Allied Health Professional Assistant Clinical Practitioner (ACP) roles in the community stroke services. These are recognised as trailblazer posts nationally due to the challenges of implementing these roles in a community setting. This project will focus on ensuring team readiness for ACPs including having a clear vision for the roles, education provision, supervision, and evaluation of the impact of roles for stroke survivors.

SQuIRe

- Developing capacity in the workforce

We have established a Catalyst Community of Practice and have delivered education sessions to those involved in the projects to support development of quality improvement and project management skills in our teams.

Internship opportunities are available for the Catalyst projects supported by NW ARC and UCLan.

- Catalyst projects

Three projects have been funded in L&SC until March 24.

Neuro-rehabilitation on line (NROL)

This nationally recognized project is being supported to role out across L&SC stroke and neuro services. Evaluation will include looking at the impact for patients of delivering the increased intensity and frequency of rehabilitation on their outcomes. It will also evaluate new ways of working cross boundary and challenge some of the perceived barriers to working in this way.



AmpCare Dysphagia (swallowing) rehabilitation

Currently available in ELHT, this project enables four additional acute and community stroke teams to offer this service to people with swallowing problems in an acute and community setting. The evaluation will include the impact upon patient experience and quality of life as well as any potential reduction in length of stay.

Motivational Interviewing

In a joint project, ELHT, the Stroke Association and UCLan will be using a Motivational Interviewing intervention delivered by Stroke Association staff to stroke survivors in the first 3 months post-stroke. The aim is to offer early psychological support and to reduce psychological distress.



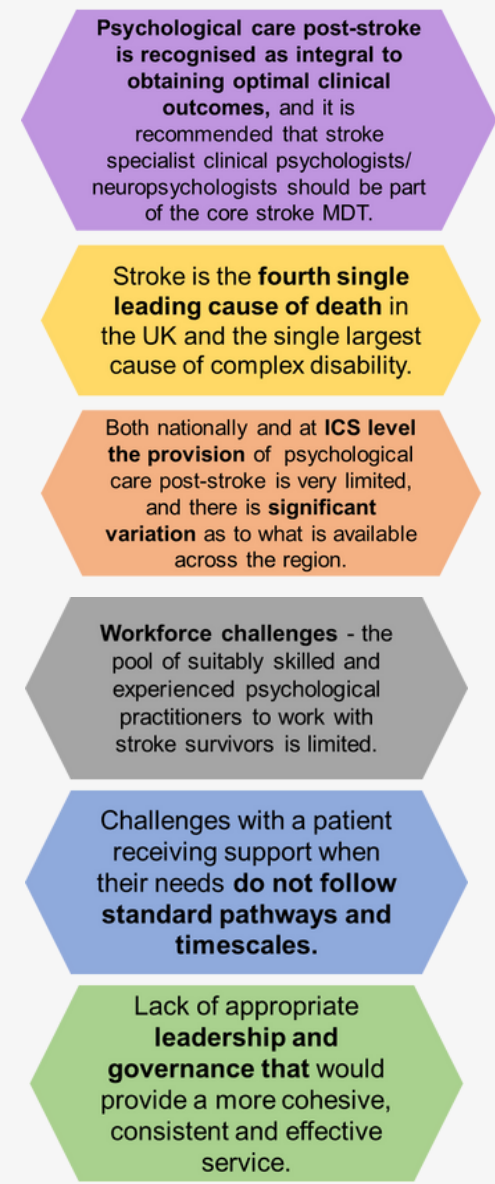
Psychology

Psychological care following a stroke is recognised as being an extremely important part of a stroke survivor's recovery. However, we know that both nationally and regionally, provision is limited. Stroke survivors and families often struggle to access appropriately skilled support when they need it, which can have significant long-term consequences.

The psychology workstream aims to address this through bringing together key stakeholders including those from physical and mental healthcare, the voluntary sector and experts by experience, to develop a model of good psychological care for Lancashire and South Cumbria.

This model needs to span the whole stroke journey, from acute hospital care, through specialist rehabilitation, and to life beyond Stroke. There needs to be clear leadership and governance to ensure that the psychological care delivered is high quality, appropriate and in line with best practice guidelines.

We have identified a range of options for how the preferred model of care could be delivered and shortlisted those by scoring each option on its ability to address the points of the case for change and to deliver the required model of care. This will ensure that the best model goes forward to be developed into a business case.



Case for Change - Psychological Care Post-Stroke



L&SC Stroke Workforce Strategy

Across Lancashire and South Cumbria there are significant workforce challenges and shortages within stroke services. These challenges present opportunities to build plans to train, recruit, develop and look after a flexible, future-proofed, competency-based stroke workforce. This workforce will be integrated, flexible, collaborative and equipped to provide continuous specialist input, with daily multidisciplinary care and continued access to stroke trained consultant care, physiological monitoring and urgent imaging as required.

A dedicated workforce workstream has been established to drive forward these opportunities to equip the stroke workforce with sufficient numbers and skills, to ensure that every stroke patient and survivor, regardless of where they live, gets the best care possible.

2022/27 Community Stroke Services Rehabilitation Workforce Plan

	MORE PEOPLE Supply & recruit	WORKING DIFFERENTLY upskill, new roles, new ways	COMPASSIONATE & INCLUSIVE CULTURE; retention and leadership
END OUTCOMES	INCREASED WORKFORCE SUPPLY AND IMPROVED RECRUITMENT	REDESIGNED WORKFORCE IN SUPPORT OF STROKE REHAB	IMPROVED STAFF EXPERIENCE AND INCREASED RETENTION
	<ul style="list-style-type: none"> Reduction in the vacancy rate Increase in staff in post Continued progress towards being ICSS model compliant 	<ul style="list-style-type: none"> Model – integrated and 6/7 day working Reduce acute LOS Meet response targets Introduction of new roles Increased frequency and intensity of rehab 	<ul style="list-style-type: none"> Reduced leaver rate Increased retention of retirees Increased leadership capability in teams

Image from the Community Stroke Services Rehabilitation Workforce Plan

Key achievements

- Development of an interim Lancashire & South Cumbria Stroke Workforce Strategy (March 2022) to supports the implementation of enhanced stroke services for L&SC. Its primary aim was to support the delivery of the workforce required to establish a new model of urgent and acute care over the next three years. This will enable more equitable access to important life-saving care 7 days a week, increased availability of treatments and the reduction of long-term disability and costs to the health and social care economy. The strategy provides 10 key recommendations to take forward
- Successful bid for funding from Health Education England for a Stroke Workforce Development Lead, commenced August 2022
- Dedicated AHP Stroke Workforce Lead, commenced June 2022 to implement key actions from the current AHP workforce strategy (see section for further information)
- Establishment of a Stroke Workforce Reference Group

Future Plans

A key priority for the future will be the ongoing development of a 5-10 year strategy for the stroke workforce which builds on and responds to the recommendations of the interim stroke workforce strategy. The strategy will be driven by the Workforce Reference Group and developed through engagement at HEE Star workshops.



AHP Clinical Workforce Development Plan

The Allied Health Professional (AHP) Workforce Development Plan aims to carry out key actions from the current AHP workforce strategy for Stroke within Lancashire and South Cumbria.

These actions include:

- Embedding Assistant Practitioner and Advanced Clinical Practitioner(ACP) roles into the Stroke pathway and supporting Speech and Language Therapy services with the development of dysphagia competencies within the SLT workforce;
- It also includes monitoring recruitment in line with the funding from the Enhanced Care Business Case, and
- Mapping progress against the wider ISNDN target of 6 and 7 day working for AHPs in acute and community care.

Additional work also includes looking at regional Orthotic pathways and the development of Orthoptist and Dietetic pathways within Stroke.

Key achievements

As a region we worked with UCLan to develop Stroke and Neuro modules for the Assistant Practitioner course, alongside skills-based learning sessions led by Stroke specialist clinicians from within the region. We currently have 8 trainees on the March 2022 cohort, 7 on the September 2022 cohort and a further 3 starting in 2023.

I am currently supporting 7 SLTs through their dysphagia competencies across L&SC. I can directly supervise them using a digital passport – making me the first mobile AHP across L&SC.

We presented nationally to SQuIRe and clinical leads regarding our ambition of having an ACP in every ICST to ensure high quality clinical leadership, focusing on rehabilitation.



AHP Clinical Workforce Development Plan

Upcoming work

- **Advanced clinical practitioners (ACPs)** - Julie Emerson and I are working with the national team and other national colleagues to develop the role of the ACP further and ensure that the education, governance, and clinical supervision is in place to support these roles. This includes partnering with Higher Education Institutions from within L&SC to embed the ACP neurorehabilitation framework within the ACP courses.
- **SLT workforce development** – A further 4 SLTs will be added to the portfolio of support in 2023. This ensures high quality training and supports Speech and Language Therapy services that are under-established.
- **Additional resource** – Decisions around allocation of funding for services based on geography and split sites will be made at the end of December 2022. In addition, the allocation of funding for Orthoptists and Dietetics services will also take place in this time frame.
- **Dysphagia screening tool** – As part of 'gold standard' stroke care, nursing staff should use a recognised screening tool to assess swallowing within 4 hours of admission to hospital. The regional ambition is to have one screening tool in place, and develop an eLearning tool that can be accessed on each Learning Management System across L&SC. This would mean that nurses who move from one trust to another will access the same screening tool and training as required.



Life after Stroke - Personalised Care

“Life after stroke (LAS) services provide the ongoing personalised care and support that people need to rebuild their lives and minimise risk of future cardiovascular events. They provide support for long-term needs through timely access to information and community-based support, and ensure people are enabled to manage their condition(s) as independently as possible and improve their health and wellbeing”



NHS England,
National Stroke Service Model

"If it wasn't for you and your kindness and advice, I honestly don't think I'd still be here. I was in a very sad place and knowing you were there made it ok. I honestly can't thank you enough, I'm glad you are still there if ever I need you. I work 3 days a week now in a lovely local cafe where everyone I know comes in and weirdly I've never been happier. 2 years ago who'd have thought! Thank you again”



Stroke Survivor

Personalised Information Provision

A key deliverable of the National Stroke Programme was that all stroke survivors leave hospital with accessible and personalised information about their stroke. A Personal Stroke Record, coproduced by the Stroke Association, alongside clinicians, patients and NHS England has been launched across the ISNDN this year. We have already seen uptake over the document from some of our Trusts, including our Comprehensive Stroke Centre at Royal Preston Hospital. Over this next 12 months we hope this, or an equivalent local version, will be embedded in all Trusts.

Personalised care and support

The Stroke Association is currently commissioned to provide life after stroke services across the ISNDN footprint through their stroke recovery services. During the last 12 months the teams have continued to work tirelessly and proactively to provide accurate and timely information, advice and support personalised to the needs of stroke survivors in this area. Between April 2021 and March 2022 the team received 3050 referrals and provide direct one-to-one support to 2293 stroke survivors and their carers across the region.

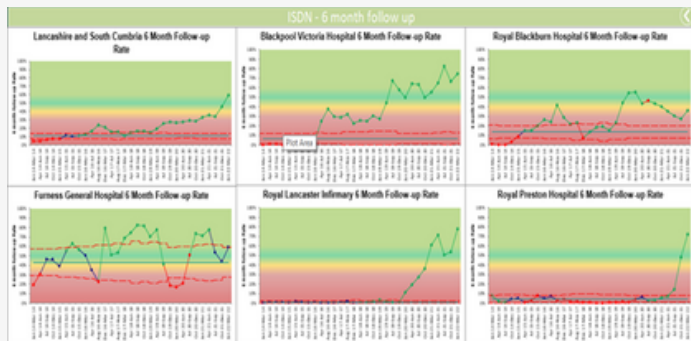
Life after Stroke - Personalised Care

Personalised Information Provision

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Post Stroke Reviews

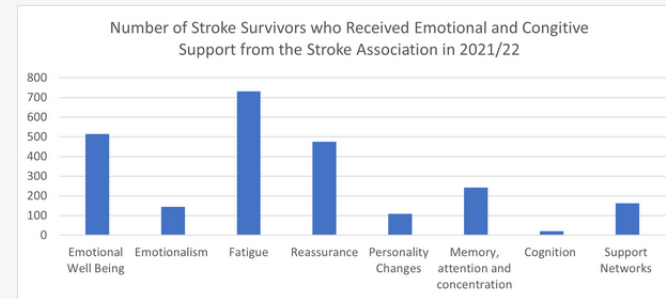
All stroke survivors should be offered a comprehensive holistic six month post stroke review which should be documented on SSNAP. In Lancashire South Cumbria these review are available across the ISNDN with the Stroke Association being commissioned to provide them in four of the five areas. Between April 2021 and March 2022 the number of applicable patients who were assessed at six month rose from 34% to 60% across the ISNDN, with three of the five areas providing a review to more than 70% of stroke survivors.



Work has started between the Stroke Association and the ISNDN to use the data generated through these reviews to identify patterns of unmet need as well as measuring the impact services have on patient outcomes. We hope to continue this work over the next twelve months.

Life after Stroke- Support Emotional Support

Recognising that around 44% of stroke survivors experience anxiety or depression at some point in their recovery, the stroke recovery coordinator play a key role in the emotional and psychological support provision, providing level one and elements of level two emotional support to stroke survivors and their families across Lancashire and South Cumbria. The following chart demonstrates the type of support provided between April 2021 and March 2022.



In addition, during the last 12 months, the Fylde Coast Service Stroke Association Service collaborated with the Improving Access to Psychological Therapy (IAPT) service to pilot an eight week online group based emotional wellbeing programme. This collaborative approach used the specific expertise of both organisations. In the first cohort, 80% of attendees achieved clinical recovery reflected in PHQ9 and GAD7 outcome measures. Two further groups have taken place, using the findings from the evaluations to continually improve the delivery of the group.



Life after Stroke- Support

Carer Support

Carer support was highlighted through the patient carer assurance group as a priority area. We have been working closely with the group to understand the unmet need in this area. During the next 12 months, we will be completing a pilot project alongside the community therapy teams, to pilot the use of a carer assessment tool for carers of stroke survivors (CAT-S).

"I honestly don't think I would be here today without your support. You were the only one who cared enough to ring me and this allowed me to talk my problems through with you. I honestly can't thank you enough"

Carer

Group & Peer support

Throughout the COVID recovery period we have continued to introduce stroke specific, peer support opportunities, with 11 different types of group run by staff across our Stroke Recovery services. Utilising face to face and digital platforms, we offer communication support groups, working age peer support groups, stroke education courses, and drop in cafes.

Cost of living

In Lancashire South Cumbria we have seen an increase in the number of stroke survivors coming to us for support with finance and benefits as the rising cost of living starts to impact them. As a result, we have adapted our financial offers by increasing the amount of our hardship grants from £100 to £150. We've also joined up with the money and pensions service to offer training and ongoing development for our front-line staff, so we can offer the most up to date support to stroke survivors who are worried about their finances.

Our Volunteers

Our amazing community volunteers continue to run groups. Attracting more than 200 regular members, including our choir that met online where face to face wasn't possible. We have also reintroduced volunteers on some inpatient and rehab wards.



Stroke Recovery drop in cafe.

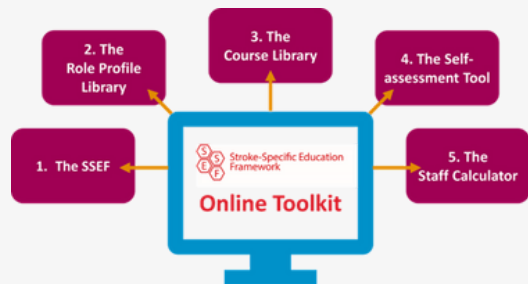
Education and Research



Enhancing patient care through education and research is one of the ISNDN’s key strategic themes. Education and training for those who treat, care and support stroke patients is essential to equip staff with the right skills, knowledge, and competencies to treat and manage people following a stroke.

Our mission is to provide excellent and compassionate care, support high quality learning and education, and encourage innovation and research. We want to embed a culture of research and innovation excellence throughout the ISNDN.

In relation to the current workforce, it is necessary to conduct a detailed training needs analysis (TNA) for those staff working in and across stroke services. One of the most important resources in formulating any TNA is the Stroke-Specific Education Framework (SSEF). With that in mind, we are asking all stroke-specific staff to undertake a self-assessment using the SSEF.



In terms of levelling up, we also want to ensure that all staff have minimum core knowledge and skills. That is why we recommend that all new and existing staff undertake the Fundamentals of Acute Care and Treatment in Stroke (FACTS) [training](#). Stroke FACTS is a free resource within the Health Education England stroke eLearning programme.

The clinical network has also funded 50 health professionals to undertake the Essentials of Acute Stroke Practice module delivered by the University of Central Lancashire. Feedback from the cohort was very positive. Students described the impact of having more insight in stroke care across the pathway and valued the opportunity to network, sharing practice problems and solutions to challenges:

“From pre-hospital stroke to early supported discharge, I feel I have a more rounded outlook on the stroke pathway and journey. I have been able to assess my knowledge and look more closely at the areas I need to work on to upskill myself. I have more confidence in my skills.”

“Networking with individuals in other Trusts and seeing how their operations differed from our own. Having the chance to hear others’ perspectives and stories on the care they were able to give and outcomes.”

We are re-launching the Education and Research Workstream in January 2023 and hope to finalise the Education, Training and Research Strategy. Task and finish groups will be formed to develop competences across the pathway.

Data

The Stroke and Neurorehabilitation Data workstream involves the collection, analysis and presentation of a number of sources of data across the Lancashire and South Cumbria ISNDN footprint. The ISNDN toolkit is the main dashboard used by our teams and has been developed over a number of years. It includes data from the national clinical audit for Stroke (SSNAP) as well as information collected by our local Stroke Units, Community Teams, the Stroke Association and Neurorehabilitation Teams.

The toolkit allows for benchmarking between providers and nationally and highlights areas for best practice and service improvement. Some of the local audits included are the ambulatory care audit, thrombectomy audit and service specification audit.

Areas for future developments include neurorehabilitation audits, 6-month follow-up data and patient and carer recommendations.

The ISNDN toolkit has been showcased nationally and shared with other ISNDNs.

The Stroke and Neurorehabilitation Data workstream has also provided information and modelling to inform the business case for a local comprehensive stroke unit and redesign of Stroke services across the region.

The ISNDN Data Toolkit front page.



Stroke Improvement Group

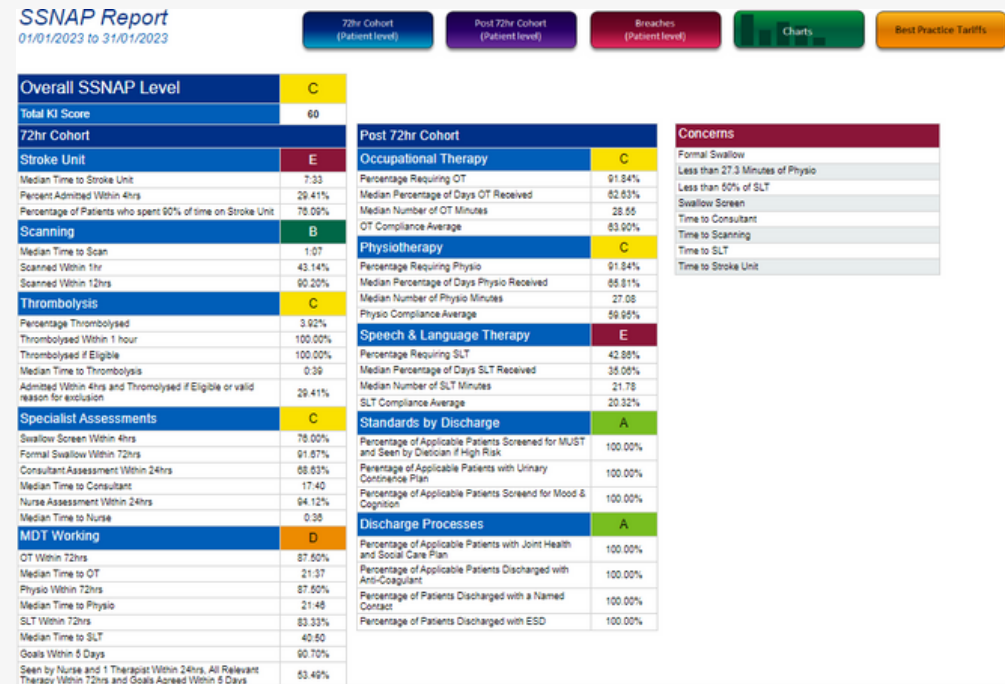
The Stroke Improvement Group has focused this year on a number of priorities to improve the care, experience and outcomes for stroke patients which include work to meet the stroke service specification and tracking improvements through the delivery of a continuous improvement plan for each team.

This work has enabled the teams to identify the gaps in the current service provision and to target improvements to maximise meeting the stroke specification.

The group has also focused on sharing best practice which has included the design, testing and implementation of real time dashboards to enable our teams to track the progress of patients through the stroke pathway to maximise achieving the Sentinel Stroke National Audit Programme (SSNAP) standards, improvements projects focused on improving the 4 hour standard for patients to access an acute stroke ward, models and approaches to improve rehabilitation services and increased multidisciplinary working.

Other priorities have included the design and testing of the ambulatory care pathway, sharing best practice and innovations in stroke care and collaborative working to standardise our stroke pathways of care.

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An image of a SSNAP Real Time Dashboard

Communications and Engagement

The communications and engagement workstream has three primary members: Sharon Walkden (Clinical Network Programme Manager); Elaine Day (ISNDN Manager) and Jeremy Scholey (Communications and Engagement Specialist). Other staff have supported and continue to support the communications and engagement workstream on an ad hoc basis.

One of the main areas of work over the past 12 months has been the consultation with patients, members of the public and other stakeholders on the implementation of the enhanced acute stroke centres. This included both face to face and virtual discussions with stroke survivors and their carers at various locations across Lancashire and South Cumbria, facilitated by the Stroke Association. In addition, an online survey was distributed widely through a broad range of partners and opportunities for additional face to face discussions made available.

To support this, webpages of information were put together, including the business case for change in various formats, to ensure anyone wishing to get involved and respond could do so as fully informed as possible. As part of the consultation process, senior ISNDN representatives met with each Health Overview and Scrutiny Committee to present the enhanced acute stroke centre proposals and hear their views and concerns.

The consultation process raised 23 issues, some of which have been a challenge to the implementation process and generated a significant amount of consideration by members of the Operational Implementation Group. In addition to this the Communications and Engagement workstream has responded to MP and media enquiries around stroke and undertaken promotional activities, particularly in relation to the F.A.S.T. campaign.



This includes supporting and promoting the World Stroke Day campaign [#PreciousTime](#), which aims to make people better aware of the signs of stroke and has been running for the last two years. This complements the Act FAST campaign and is hugely relevant for Lancashire and South Cumbria, where many stroke patients are seeking help too late to benefit from lifesaving or disability-reducing treatments.

Closing words from the ISNDN Clinical Director

It was an honour to be appointed in July 2021 as Clinical Director of the Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation delivery Network (ISNDN). I have worked in Stroke since 1992, incorporating all aspects of the pathway over the years. My current role is of Stroke Consultant Nurse and Clinical lead for East Lancashire Teaching Hospitals.



Cath Curley

I am proud to work in a region that embraces new and innovative advancing healthcare roles in response to the challenges healthcare is facing, the aim of which is to provide better outcomes for patients, by improving services and quality of care through influence and innovation at strategic level.

The way the Stroke community across Lancashire and South Cumbria responded to ever changing challenges of the COVID pandemic is a credit to all involved in Stroke healthcare, both clinical and non-clinical, as well as our patients, carers, families and Voluntary organisations.

The end-to-end Stroke pathway service specification was developed by clinically led workstreams and led to the creation of the Stroke programme across the region. This has enabled us to appoint more Clinical Leads and facilitators, covering the breadth and depth of the Stroke multi-disciplinary team and pathway, as well as neurorehabilitation.

During my time in post, key achievements through the ISNDN, include the introduction of 'Brainomix' which uses artificial intelligence techniques to support stroke clinicians to provide real-time interpretation of brain scans. This helps to guide treatment and transfer decisions for stroke patients, allowing more patients to be treated in the right place at the right time.

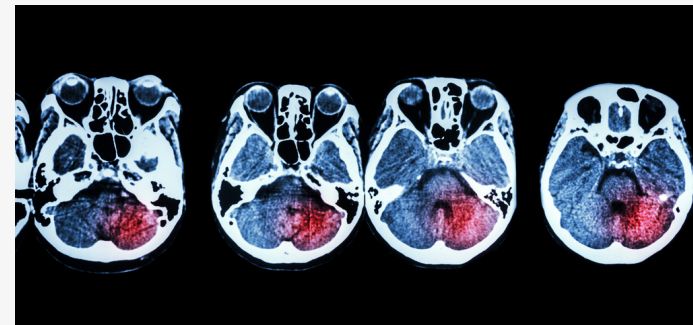


Image of brain scans.

We also have all hospital sites delivering ambulatory care services which will reduce inappropriate admissions to hospital and improve the patient journey and there are plans in place to recruit to progress to a 7 day rehabilitation service. Thanks to all across the pathway who go above and beyond every day for our stroke patients.

Closing words from the ISNDN Manager

Since the advent of the Integrated Stroke and Neuro rehabilitation Delivery Network (ISNDN) in Sept 2020 moving to final implementation in April 2021 we have achieved an enormous amount in all aspects of the stroke programme.



Elaine Day

The stroke programme has been in existence for several years and all of the existing work streams have been transitioned across to the ISNDN.

As the Manager for the ISNDN, I have had the joy and privilege of being a part of the transformational changes showcased in this report and I look forward to the implementation of the Enhanced Stroke Services in 2022/23/24.

May I take this opportunity to thank all involved for their continued support and service to all our stroke patients, I especially wanted to mention our:

- Invaluable stroke teams, within the acute trusts and community who work tirelessly to provide daily ongoing services plus are part of our ongoing service development, they are fully committed to improving care for patients and always go above and beyond to give their best care.

- Our Stroke and Neuro Patient and Carers Assurance Group who are at the heart of our decisions and give us so much of their precious time.
- Our Stroke Association and Headway co-ordinators who are always available for advice and support not just to patients and carers but to us as a programme team as well.
- Our University of Central Lancashire colleagues who have developed and facilitated Stroke and Neuro specific courses which will help with recruitment and retention of the workforce within L&SC.
- Dr Deb Lowe, National Clinical Director for Stroke and National Clinical Policy team for their continued expert support, advice, guidance and clinical leadership, it is always appreciated.
- My esteemed peer support ISNDN managers across England for sharing and caring.
- Jan Vaughn and North West Coast Clinical Network for hosting us and providing continued support in all ISNDN matters.



Closing words from Jean Sherrington

Many of our ISNDN meetings are closed with “Jean-isms”, words of wisdom, challenge and encouragement from our patient and carer representative Jean Sherrington, so it is only fitting to close this annual report in the same way...over to you Jean...

It’s easy to think you have your finger on the pulse. Did I really? Probably not all the time. But as patient rep, I have to trust that you all do. I am able and lucky to listen with the ears of the patients and families, locally, regionally and nationally.



This means that in my mind’s eye, I constantly see the needs, wants and hopes they have at ground level. When funding and staffing problems cause delays, yes I’m impatient, when there’s another meeting about another meeting and the results seem to elude us, when it still seems that stroke is the poor relative of health care, when the time to concentrate and get my thoughts in order are denied me, I realise that I am on the outside looking in! That’s when my trust in this fabulous team takes over!

Have we accomplished all we set out to do, no. However, have we been successful? Let’s define success. Stats and data outcomes aren’t the only measure of success. It’s measured by the innovative treatment and care of patients, happy living of life after stroke for patients, It is measured by the determination to recognise and correct shortfalls, collaboration to reach goals, recognising each others skills and being prepared to question and look for the best way. It’s working toward the big picture, but keeping a close eye on the details that form it. Has patient care and treatment improved? It’s been said that our ISNDN is leading the way! Big responsibility there. If others have you under scrutiny, you have to lead by example! We are. So well done all.

Now another year’s work ahead. Individually and collectively, let’s grab it with both hands. Heads up gang, we’ve really got this! The future will bring exciting challenges but one step at a time, we will be able to bring the changes that are not just wanted but needed!

Allow me please on behalf of Stroke patients past, present and future, to use a quote that I refer to often:

"My tastes are simple, I am easily satisfied with the best....Winston Churchill and me!"

To Find out More

Contact our Manager



elaine.day1@nhs.net

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[@LSC_ISNDN](https://twitter.com/LSC_ISNDN)

