



Greater Manchester Stroke
Operational Delivery Network

The Greater Manchester Stroke Operational Delivery Network

Dr Jane Molloy
Clinical Lead

What is the GMSODN?

- Established in July 2015
- Only Stroke ODN in the country
- Non-statutory body constituted from all public sector stroke provider organisations across Greater Manchester, including East Cheshire NHS Trust and NWAS
- Providers, in partnership with the Host (SRFT), are collectively responsible for delivery of the functions of the network

Our vision

- To support the development of high quality and equitable stroke services in Greater Manchester, to achieve the best outcomes and experience for patients. We will do this by:
 - Working collaboratively with our stakeholders
 - Facilitating transformational change through effective partnership working
 - Being patient centred
 - Encouraging the early adoption of evidence in stroke services

Our strategy

Establishment of ODN

Governance arrangements
Funding
Monitoring & reporting

Engagement &
Communication

Communication
Engagement & involvement
Patients and carers

Service Improvement

Programme of work
Audit
Evidence based practice

Research

Enhance recruitment
Study development & delivery

Training & Education

Training programmes
Signpost opportunities
Communities of practice

Meet the team



Sarah Rickard
Manager



Chris Ashton
Co-ordinator



Jane Molloy
Clinical Lead



Jordi Morell
Clinical Lead

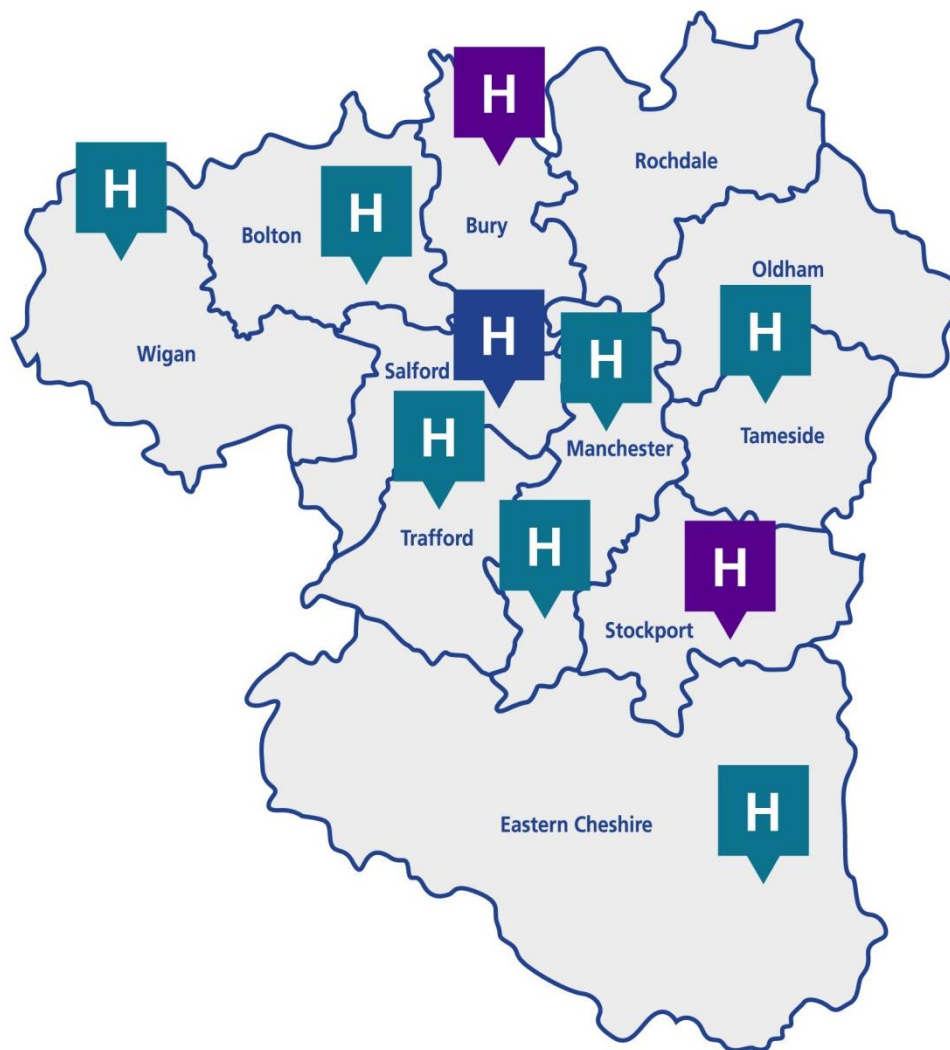
Establishing the network



Supporting the centralised acute care pathway



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**1 x Comprehensive
Stroke Centre**

**2 x Primary Stroke
Centres**

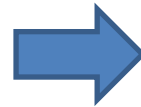
**7 x District Stroke
Centres**

**>20 community
rehabilitation teams**

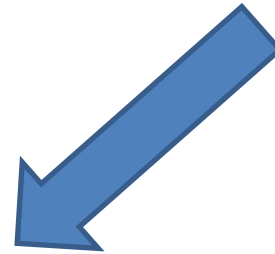
The patient journey



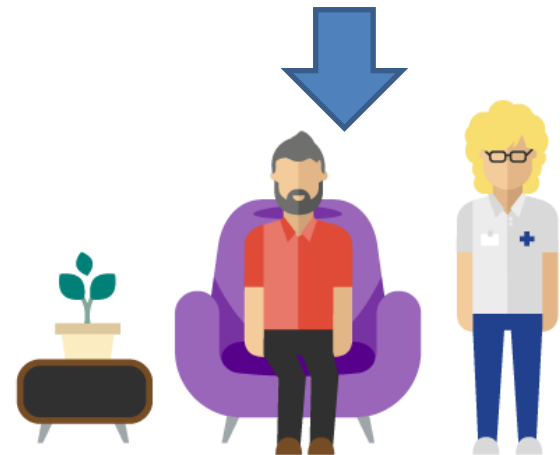
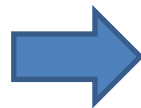
Pre hospital phase



Acute hospital phase



Transfer to local hospital



Discharge & rehabilitation

Achievements so far – communication & engagement



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- Site visits to all hospital stroke units and community rehabilitation teams including senior management and clinical staff
- Meetings with other stakeholders
- Database of key contacts and monthly e-bulletin and sharing of relevant information
- Website now launched – www.gmsodn.org.uk
- Regular engagement with 4 local voluntary groups and development of patient and carer action plan

Achievements so far – service improvement



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- Programme of service improvement developed and managed through Clinical Effectiveness Group and Board
- Audit of patient flow by all stroke units and development of plans from data to address factors influencing flow of patients through pathway
- Self-assessment of service specification by all stroke units
- Collation and standardisation of documents supporting stroke pathway and development of new documents to fill gaps
- Development of escalation policy with NWAS
- Improvement of discharge summaries
- Collaboration with AQuA on service improvement activities
- Scoping of current community rehabilitation service provision across GM – development of rehab subgroup

Achievements so far – monitoring & reporting



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- ODN strategy and work plan developed and agreed by Board
- Detailed review of SSNAP audit data at team and GM level and support for development of action plans of improvement with stroke units and community teams
- Collation of stroke data (SSNAP, local audit, activity etc) and regular review and analysis of information at local and regional level with feedback to providers/commissioners via reports/slides
- Collation and review of outcome measures and KPIs used across GM in stroke (acute and community settings)
- Facilitation of 6 month review of acute stroke pathway
- Development of risk register

6 month review of pathway

1. Activity

- admissions of patients to stroke units (provider data)

2. 20 SSNAP indicators (patient centred scores)

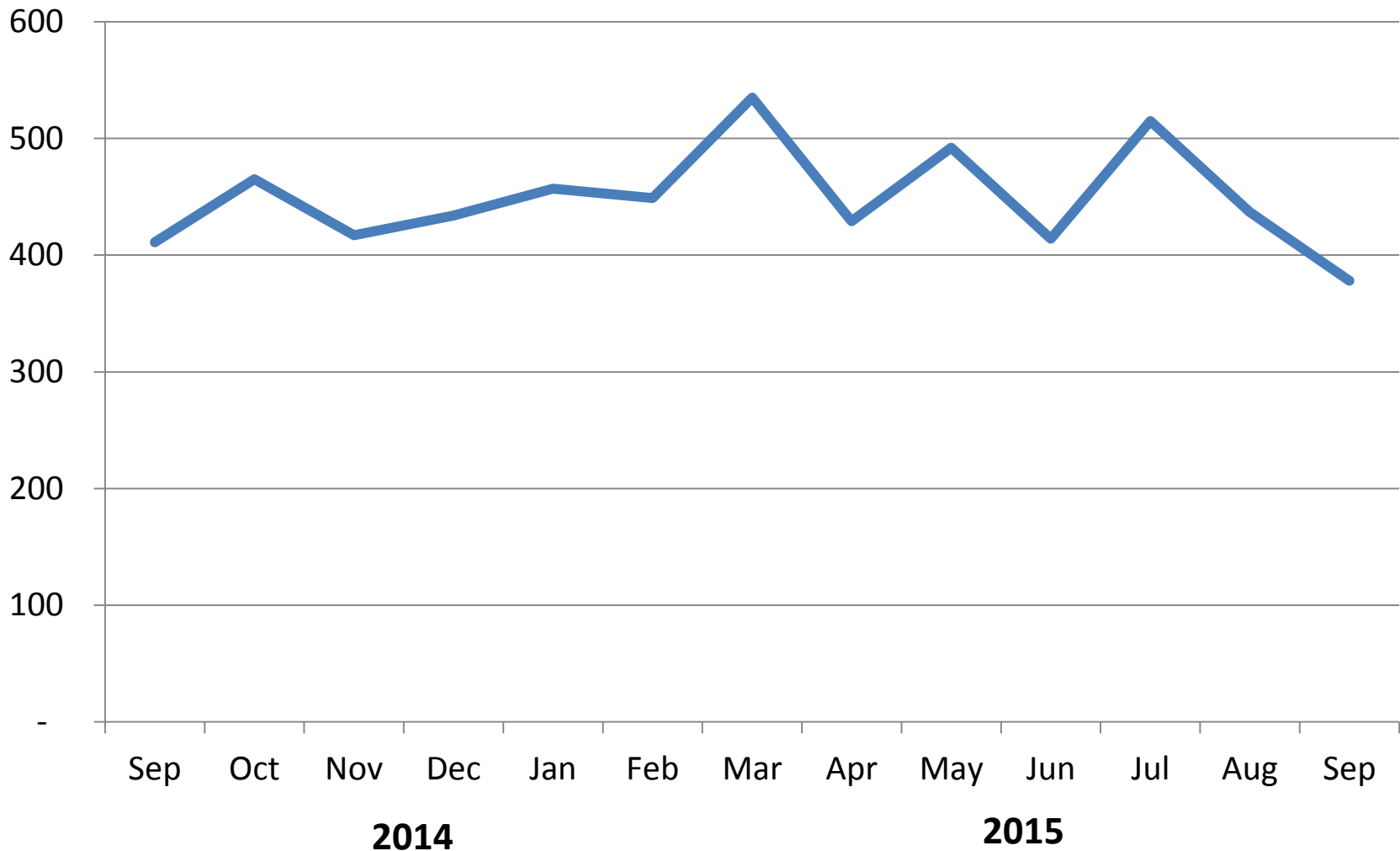
3. Patient flow via audit by stroke units:

- Number of ?stroke patients assessed by GM units
- Proportion and management of mimics
- Direct admissions to DSCs – origin/FAST status/time of onset/ward destination
- Conveyance by ambulance (to identify breaches)

Total admissions for stroke in Greater Manchester

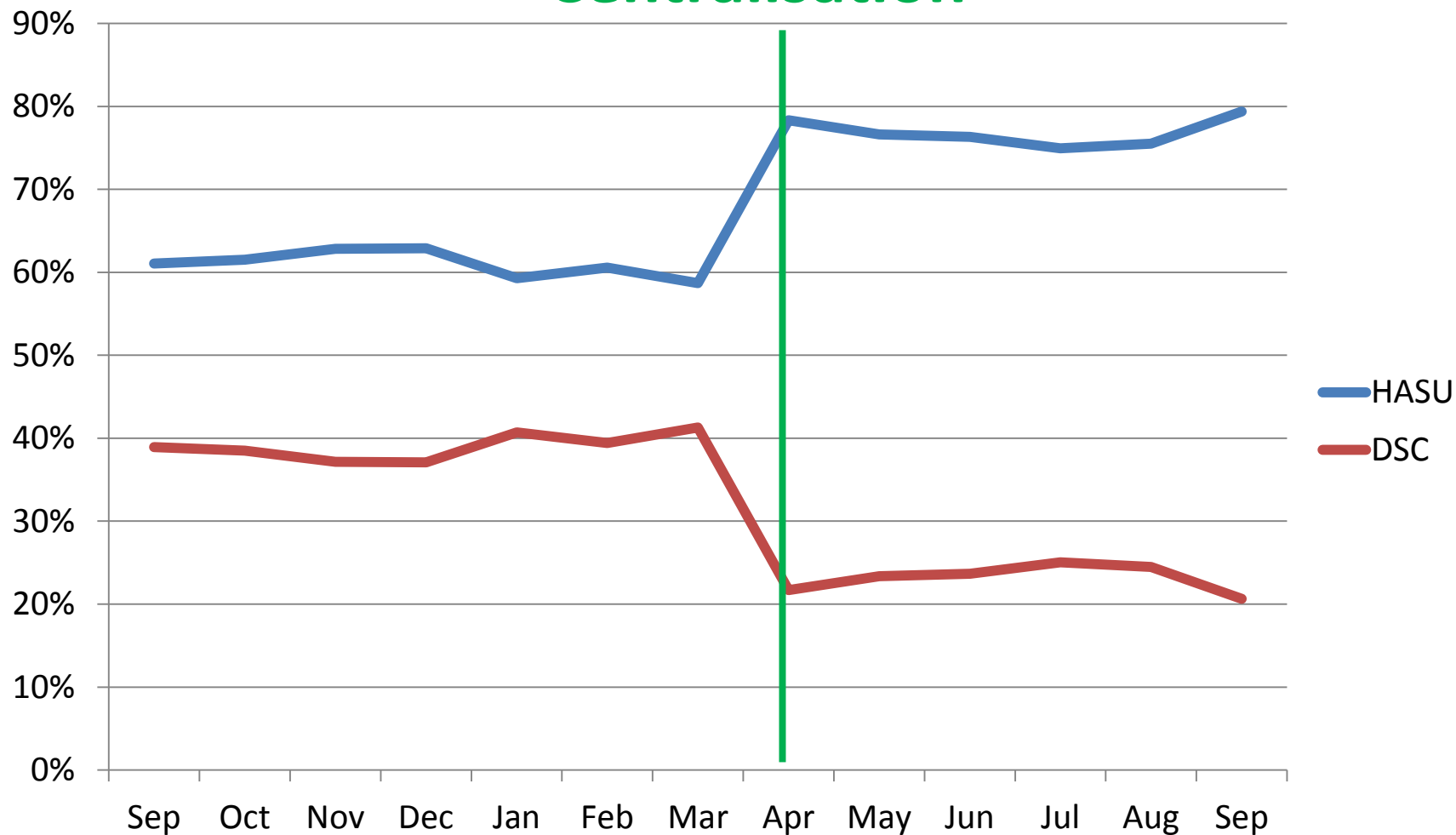


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HASU vs DSC admissions

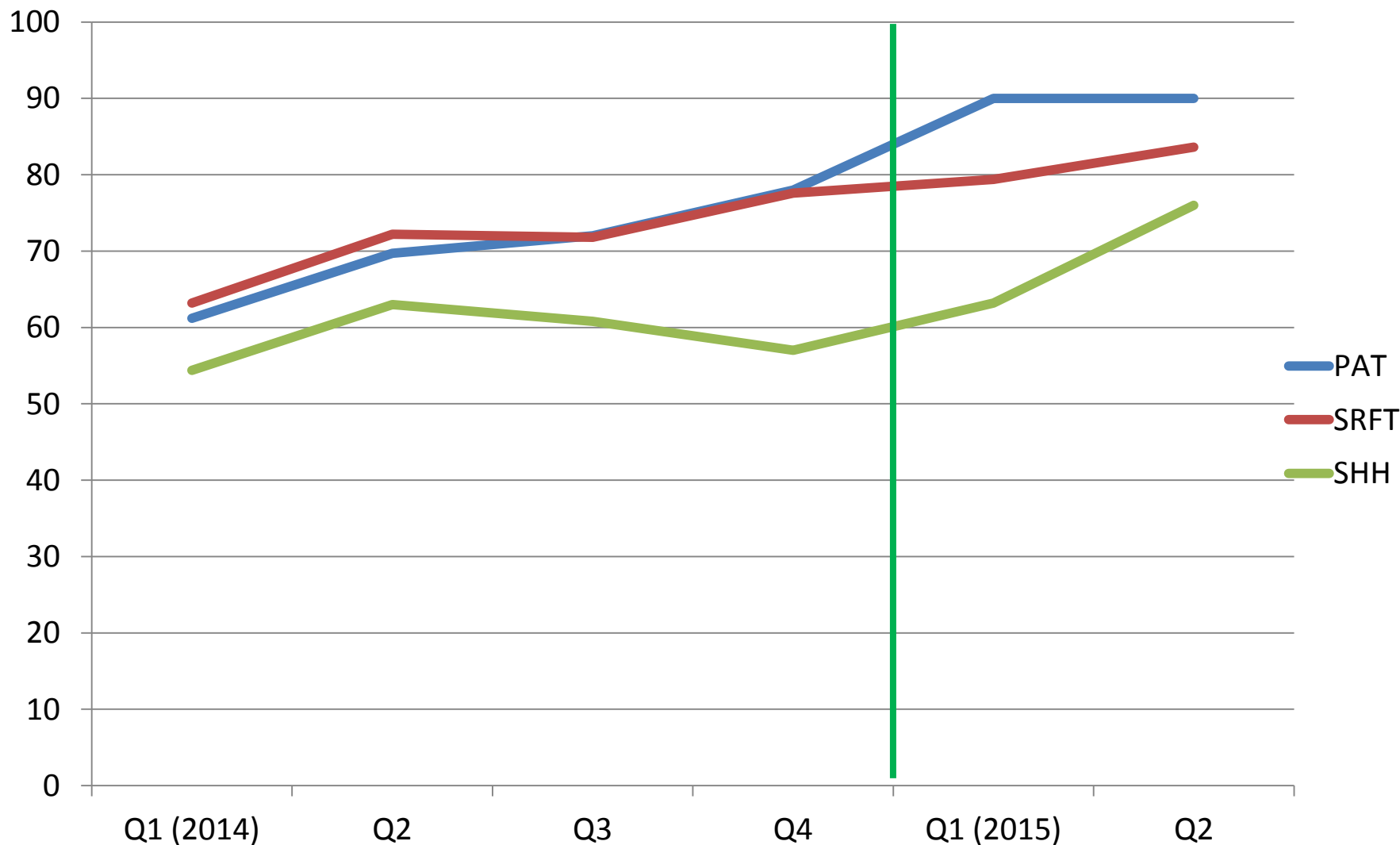
Centralisation



Patient centred total SSNAP scores - HASUs



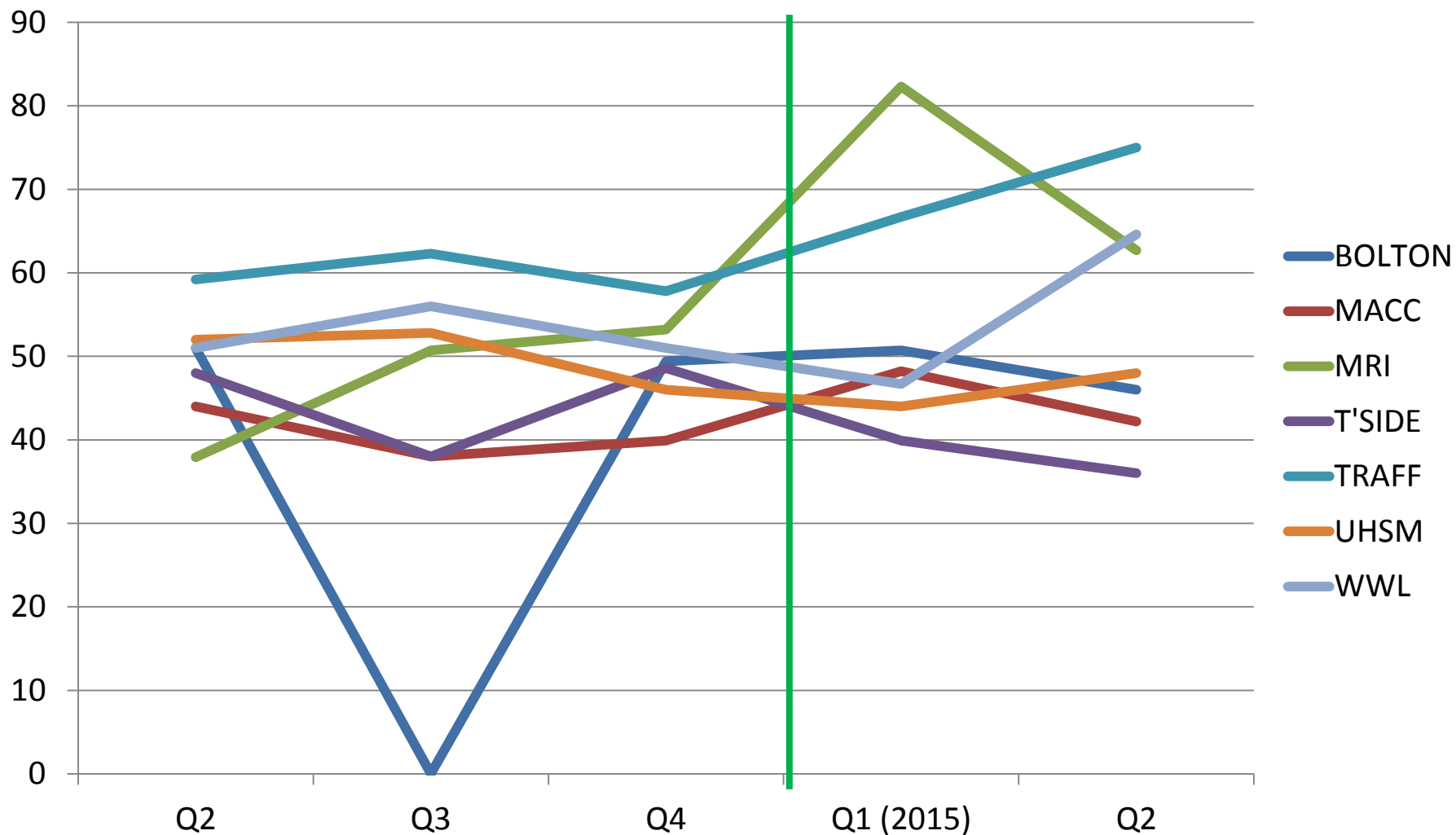
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Patient centred total SSNAP scores - DSCs



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SSNAP scores

- HASUs
 - 7/20 indicators had majority of HASUs with same or better score than national average
 - 13/20 indicators had all 3 HASUs with same or better score than national average
- DSCs
 - 11/20 indicators had all or the majority of DSCs with same or better score than national average
 - 5/20 indicators had at least one DSCs with a worse score than national average
 - 4/20 indicators had all DSCs with a worse score than national average

Patient flow

- ~50% of all GM patients assessed in A&E were not stroke; 27% of HASU-admitted patients had subsequent TIA / mimic diagnosis
- 84% of patients were conveyed by ambulance to HASUs cf 49% of those directly attending DSCs
- 7% of all GM strokes were inpatients but accounted for 27% of strokes at DSCs
- 8% of all GM strokes were self-referrals, but 21% self-referred at DSCs
- 80% of all GM strokes had a time of onset <48 hours, with 38% presenting <4 hours
- 25% of DSC strokes admitted presented >48 hours
- At HASUs, 80% of strokes were FAST +ve (59% diagnosed by NWS) with 8% were FAST -ve
- At DSCs, 34% were FAST +ve (7% diagnosed by NWS) and 35% were FAST -ve
- 80% of all GM strokes were admitted to a stroke ward; 94% at HASUs

Is the pathway working?

- Still too early to tell!
- Clear change in stroke patient flow - 80% of activity now via HASUs.
- High number of false positives on assessment in A&E is a considerable burden for HASUs
- 27% of patients admitted later found not to have been a stroke
- Residual activity at the DSCs - mainly late onset (often self-referrals) and inpatient strokes
- Likely that there are still some breaches in the pathway - more audit data will help identify how to improve numbers accessing a HASU
- SSNAP data show that Greater Manchester stroke care is generally above the national average and we do have the best performing stroke unit in the country (Fairfield General Hospital)
- Vast majority of patients now benefitting from high quality hyper acute stroke care at specialist centres and most admitted to a stroke ward

GMSODN - Adding value

- Better understanding of the key areas for improvement allowing a more strategic and consistent approach to stroke service development
- Clear governance structure through which organisations can hold each other to account
- Forums for discussion, agreement, implementation and resolution of operational issues within stroke services
- Patient and carer voices are heard
- Improved communication and links between stakeholders
- Opportunities for networking and peer support and sharing of best practice
- Provide a focal point for stroke care in Greater Manchester

Plans for the future

- Develop service improvement programme
- Work with teams to improve and understand their SSNAP scores, and develop GM wide set of measures for whole stroke care pathway
- 12 month review of centralised pathway (due Summer 2016)
- Support work in areas training & education and rehabilitation via subgroups
- Publicise role of GMSODN nationally working with Stroke Association and other centralised conurbations to share best practice and learning
- Continue engagement with 4 local voluntary groups and delivery of work plan to engage and involve patients and carers:
 - Appoint patient to co-chair Board
 - Develop patient and carer reference group
 - Train and support patient and carer reps
 - Hold listening opportunities for public
 - Develop patient facing communications and materials
 - Support World Stroke Day across GM each year (October)



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Visit our new website

www.gmsodn.org.uk

Register to access key information

Please get in touch

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