



East of England Stroke Forum

Programme

19th September 2023

Hosted by **Eastern AHSN** 

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Interactive Programme

09.00 – 09.30	9.30-10.55	10.55 – 11.15	11.15 - 12.55		12.55 – 13.50	13:50-15.20				15.20 – 15.40	15.40 – 16.20
Arrival Tea, coffee, pastries	1 hour 25	Tea-coffee	1 hour 40		Cold Buffet	1hour 30				Tea, Coffee cookie	40 mins
Main Room/ Millennium Suite	Welcome Patient Story National Stroke Programme	Break	<u>Acute care - Best practices examples & QI projects from across the region</u>	<u>Screening for Atrial Fibrillation: The SAFER trial</u>	Break	<u>Improve the early identification and referral to specialist services of problematic tone and spasticity for patients following acute stroke</u>	<u>Developing a secondary prevention protocol for our patients</u>	<u>A service evaluation to support implementation of the Integrated Community Stroke Service using telerehabilitation in community stroke rehabilitation services: a progress report</u>	<u>The power of connection Stroke association</u>	Break	<u>Stroke Patient Experience Measures</u>
Room One			<u>National Thrombectomy best practice report</u>	<u>Mechanical thrombectomy in the East of England – practical experience from the frontline</u>		<u>How can we help more people benefit from thrombolysis for acute ischaemic stroke?</u>	<u>Pre-Hospital Stroke Video Triage in North Cambridgeshire</u>	<u>An update on the NOSIP in the East of England</u>	<u>Nurse perspective – care after Mechanical Thrombectomy</u>		<u>Patient Story</u>
Room Two			<u>Implementing components of the ICSS in region - Catalyst projects Mid and South Essex: Therapy assistants SNEE: Implementing and integrated approach across SNEE HWE: Vocational Rehabilitation Project Interactive Workshop</u>			<u>Optimising multi-professional supervision: Insights from advance practice</u>	<u>Acute assessment – pitfalls and pearls</u>	<u>Closing comments and poster presentation on winner announced</u>			

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Millennium Suite

09:30 – 09:35 – Welcome - Sara Betsworth



Co-chair of East of England Stroke Forum Steering Group
Service Delivery Lead, Stroke Association

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09:35 – 09:45 - Patient Story - Sandra Ross



I had a stroke in September 2017
I am a very positive person who quickly realised that recovery was down to me.
I am fitter and healthier now than before.
I am employed by the charity Different Strokes

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09:45 – 10:45 – National Stroke Programme – David Hargroves, Deb Lowe, Rebecca Fisher



Dr David Hargroves

David is a consultant and clinical lead for stroke medicine at East Kent Hospitals University Foundation Trust. He has been a consultant in East Kent for over ten years and clinical lead for stroke medicine at the trust for the past nine years, personally assessing, imaging, and treating over 4,500 patients with transient neurological deficit with same day MRI / CEMRA and a similar number of patients with persistent neurological deficit.

His East Kent team recently won the national award for best [Quality Improvement Initiative](#) at the HSJ Patient Safety Awards 2022, for their work in delivering sustainable, patient centred improvements, during the COVID pandemic, using innovative technological solutions aligned to the GIRFT national report recommendations.

David chairs the IV Stroke Thrombolysis governance meeting and has reviewed the clinical histories and neuroradiology for over 1,200 cases treated in East Kent.

David has been local principal investigator for several international clinical trials and has a particular research interest in use of advanced imaging in hyper acute stroke care, obstructive sleep apnoea and neurovascular disease, telemedicine use in stroke care and medication compliance and adherence in patients with neurovascular disease.

He was elected to the British Association of Stroke Physicians' education and training board in October 2011 and was chair of the group from 2013 until 2017, remaining an active co-opted member.

David won the prestigious 2017 Life after Stroke Award for Professional Excellence from the Stroke Association.

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Dr Deborah Lowe

Dr Deb Lowe is a consultant stroke physician and geriatrician on the Wirral. In 2020, she was announced as the NHS National Clinical Director for stroke. She graduated from Liverpool Medical School in 1997 and did her postgraduate medical training within Merseyside and Cheshire region. She completed a research fellows post in stroke medicine and has an interest in patient education and empowerment. She has been a consultant stroke physician and geriatrician at Wirral University Teaching Hospital NHS Foundation Trust since January 2006. Since 2008 she has been a clinical service lead for stroke, elderly care and rehabilitation and clinical director for division of medicine & acute specialties since 2013. During her time in medical management, she has developed several services and Wirral Stroke Service is recognised as being one of the best performing in the UK in national audits. She has also developed one of the first older persons short stay and frailty units in the region. Deb's work in stroke was recognised nationally when she was a finalist in the Stroke Association Life After Stroke Awards for Professional Excellence in 2013. Deb has been clinical lead for Stroke within the Strategic Clinical Networks and Senate since January 2014. She has led peer support service reviews across the region over the last few years and has comprehensive knowledge of stroke services across country. She chairs several stroke boards that have focused on the delivery of sustainable and effective stroke services. Within this role she is keen to promote a culture of effective clinical engagement, accurate performance monitoring and is currently working closely with clinical leads and commissioners across the north-west coast to deliver sustainable world class stroke services. She delivers education both within primary and secondary care to improve knowledge and understanding of stroke and, most importantly, the management of atrial fibrillation and other modifiable risk factors.

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Dr Rebecca Fisher

Dr. Rebecca Fisher is a Principal Research Fellow at the University of Nottingham. Rebecca has a Ph.D. in Neurophysiology and their expertise is in the implementation and evaluation of complex interventions in real-world settings. Rebecca's current research includes an investigation of Early Supported Discharge and Community Stroke services across the UK and the organization of hospital-based stroke rehabilitation services.

Rebecca previously held a Stroke Association Senior Lectureship award, and currently manages a team of five research fellows and five Ph.D. students, with research funding from NIHR, Stroke Association, and THIS. Institute, and Health Education England.

Rebecca Fisher is the Rehabilitation and Life After Stroke Workstream lead working with NHS England and NHS Improvement Clinical Policy Unit. Rebecca is also an Associate Director with the Sentinel Stroke National Audit Programme (SSNAP) leading the development and delivery of the post-acute elements of SSNAP.

Rebecca has a First-class Neuroscience BSc degree and completed Ph.D. and post-doctoral research in Neurophysiology at the Institute of Neurology, University College London. Rebecca then spent three years working in Industry developing interests in the translation of scientific principles and understanding into real-world applications.

10:45 – 10:55 – Panel Discussion

BREAK

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Morning Session - Millennium Suite

11:15 – 12:35 – Best Practice and QI Projects from the region

**11:15- 11:30 Improving Stroke Therapy SSNAP Scores: Moving On Up -
Julia Sartorius**



Julia Sartorius is Lead Physiotherapist for Stroke at Lister Hospital in Stevenage. Having worked in acute stroke settings for the last 12 years, she is passionate about striving for the best possible quality of care for people after stroke.

Session Synopsis

We will outline the challenges that our busy, acute service has faced over the last few years - namely the pandemic, staffing shortages and recruitment problems. This has inevitably impacted our SSNAP scores and explains the context behind our project.

Our quality improvement project is focused on our occupational therapy and physiotherapy services, with a goal to improve therapy SSNAP scores in domains 5,6 and 8. We will present our project and

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discuss early successes, but also highlight the barriers we have faced and our learning in relation to this. We will finish by sharing our future ambitions and consider our progress in the context of the new stroke guidelines.

Learning Outcomes

1. Share our 7-step model for quality improvement and the benefits we have experienced from working closely with our QI team (SSEF E20)
2. Share our methods for improving intensity and responsiveness of occupational therapy and physiotherapy on ASU and HASU (SSEF E10)
3. Highlight the impact that 'on the ground' clinicians can make in implementing change under challenging circumstances and the importance of maintaining hope and resilience (SSEF E18)

11:30 – 11:45 Our experience of using Pharyngeal Electrical Stimulation (PES) to help re-establish safe swallowing - Miriam Mitchell

Qualifying as a speech and language therapist in 1990 I have worked in Essex since then, in Basildon Hospital and surrounding community since 1994. I have managed the adult service since 1997 growing the team from 4 to 16 staff in that time. Although not a stroke specialist (I work primarily with head and neck cancer patients) I have specialist interest in complex dysphagia and the management of dysphagic patients

Session Synopsis

An overview of our experience of using Pharynx – PES to help restore safe swallowing/improve secretion management in some patients post-stroke

Learning Outcomes

1. To understand what is PES and what does it target
2. To identify suitable patients
3. To discuss with group our experience of starting using this type of treatment, the drawbacks, and positives of our experience

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11:45 – 12:00 Evaluation of Diagnostic Accuracy of Acute Stroke Nurses' Assessment of Stroke and TIA - Catherine Go



I qualified in the Philippines in 2011 with BSN and 2015 with MSN. I gained experience in medical-surgical wards and the emergency department before coming to the UK. I started as a staff nurse in Colchester Hospital Stroke Unit in 2018, then the following year I stepped into my current role as Acute Stroke Nurse Specialist.

Session Synopsis

Accurate evaluation of patients presenting with acute stroke syndromes can be challenging in a sea of stroke mimics. Acute stroke nurses play a vital role in early identification of stroke and TIA in the frontline, however literature on their diagnostic accuracy is scarce. ASNs' diagnostic accuracy of stroke and TIA in this audit was acceptable with room for improvement. Majority of missed strokes were found to be posterior strokes. Improvement plan includes ongoing breach reviews and feedback for reflective learning, as well as additional teaching sessions.

Learning Outcomes

1. Gain awareness on the role and accuracy of ASNs in the diagnosis of Stroke and TIA
2. Gain insight into reasons for misdiagnosis and common pitfalls
3. Gain insight into the quality improvement plan implemented to improve assessment skills and clinical judgment of ASNs'

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12:00 – 12:15 - Quality improvement initiative: Early mobilisation post stroke - Lisa Marshall



Lisa Marshall, specialist physiotherapist in stroke.

I work at Colchester hospital stroke unit and have 15 years experience working with stroke patients. I have gained PG cert level qualification in stroke rehabilitation. I have recently taken on the role of principal investigator for AVERT dose and developed my skills in therapy based research under the NIHR Greenshoots scheme.

Session synopsis

To review early mobilisation post stroke with reference to the evidence base, our quality improvement project and current research.

Learning outcomes

- To have an understanding of the need for early mobilisation post stroke (SSEF E9, E10)
- To have knowledge of the theory and evidence base of early mobilisation and how research outcomes change practice (SSEF E20)
- To have an awareness of current therapy led research activity -AVERT dose (SSEF E20)

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12:15 – 12:35 - Multidisciplinary Mortality Review - Dr R.Sivakumar



Dr Ramachandran Sivakumar is a consultant stroke physician and lead at Colchester General Hospital (ESNEFT) which is one of the consistent high performers in SSNAP. He won regional innovation award for creating multidisciplinary stroke software in 2008. He acted as the lead for stroke clinical advisory group for EAHSN and delivered a regional project on improving oral care. His passion is to empower the multidisciplinary teams to improve stroke care.

Session synopsis

This session will highlight the themes around stroke mortality and areas to focus to reduce mortality. The presenter will also share their experience of implementing multidisciplinary stroke specific mortality review.

Learning outcomes

- Structured stroke specific mortality review improves process and staff knowledge (E9,11,18,19)
- Focus on preventing deterioration is more useful
- Empowerment of MDT staff is essential and effective
- It is vital that staff are educated about decision-making process regarding palliative care decisions.

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12:35 – 12:55 – Screening for Atrial Fibrillation: The SAFER Trial - Dr Rakesh Modi



Rakesh Modi is an academic GP partner in Cambridgeshire, a Senior Clinical Research Associate at the Primary Care Unit of the University of Cambridge, and the Clinical Lead for Research for Cambridgeshire & Peterborough ICB (South). He is also the chair of the Inequalities Research Network and is setting up a local palpitations pathway using hand-held ECG devices.

His interests are in screening, atrial fibrillation, digital health monitoring (being on the UK Digital Health Steering Committee), inequalities and process evaluations.

Session Synopsis

Dr Modi will discuss AF, screening and the SAFER trial, the delivery of screening programmes, and what this means for other screening programmes.

Learning Outcomes

1. The significance of atrial fibrillation with regards to stroke
2. The debate about screening for AF and screening in general
3. The importance of using evidence to deliver and implement programmes
4. The shortfalls in current AF care and how we can improve this for better stroke reduction.

LUNCH

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Morning Session – Room 1

11:15 – 11:55 – National Thrombectomy Best Practice Report

Dr David Hargroves
Dr Kneale Metcalf
Dr Paul Guyler

National Specialist Adviser for Stroke, NHS
Consultant Physician NNUH
Clinical Director, East of England Regional Stroke Network

11:55 – 12:55 – Mechanical Thrombectomy in the East of England – Practical experience from the frontline- Dr Yogish Joshi



Interventional neuroradiologist working at Cambridge University Hospital since 2015. Leading the development of the neuro-interventional team to allow the delivery of the full range of neuro-intervention – including 24/7 mechanical thrombectomy.

Session Synopsis

Will describe development of the thrombectomy service so far and outline future plans. Will illustrate the challenges faced with reference to a few thrombectomy cases.

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Room 2 – Morning session

11:15 – 12:55 – Implementing components of the ICSS in the region – Catalyst Funded Projects

11.15-11.30 Hertfordshire & West Essex ICS Vocational Rehabilitation - Kathryn Cremins



**Hertfordshire and
West Essex Integrated
Care System**

The H&WE ICS Vocational Rehabilitation Project Team were formed in response to a successful EOI for SQuIRE Catalyst Funding to support the project. As a newly formed ICB and with 3 Community Providers within our geography, the team is made up of our 3 Provider leads and ICB Commissioners/ Transformation Managers.

Deb Croall, Community Neuro Lead, CLCH
Katherine Juggurnauth, Community Neuro Service Lead, HCT
Carly Adams | ESD Coordinator/ Specialist Occupational Therapist, EPUT
Kathryn Cremins, Commissioning Manager H&WE ICB
Jo Batrick Senior, Transformation Manager H&WE ICB Imogen Glass, Project Manager H&WE ICB

Session Synopsis

This session will provide an overview of the project and demonstrate the successes and challenges that the project team have encountered so far.

Learning Outcomes

1. (E16) Understanding the impact of stroke on a person's ability to participate in paid, supported and voluntary employment.

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2. (E18) Understanding the complexities of developing a service 'at scale'.
3. (E20) Understanding ways to create opportunities for innovative working and service development.

11:30-11:45 – Mid and South Essex ICS: Therapy Assistants - Carlyne Dawson, Elesha Jones,

11:45 -12:00 – Suffolk and North East Essex ICS: Implementing and integrated approach across SNEE- Jo Marshall and Claire Corbett



Jo Marshall

Jo Marshall is an RMN by background with over 25 years' experience leading and developing services in the field of neurological rehabilitation and care. She is currently the service manager at Livability Icanho specialist brain injury rehabilitation service based in Suffolk.

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Claire Corbett

Claire Corbett is the Head of Cancer and Long-Term Conditions for Suffolk and North East Essex ICS, she is a registered nurse with a passion for patient centred care.

Session Synopsis

The session will discuss the aims and objectives of Suffolk and North East Essex catalyst funded project in order to address the current gaps and inequities in carrying out six-month reviews for stroke patients across the ICS.

The main aim of the project is straightforward -to increase access to a full personalised health and social care review for all post stroke patients with SNEE. But the approach is possibly unorthodox by bringing together system partners working within the existing stroke pathway who will carry out holistic reviews using an agreed standardised tool and form an integrated MDT.

A key objective is to establish a central hub to maintain a register of all eligible patients.

Learning Outcomes

1. Understand the requirements of a 6-month review
2. Potential benefits and the challenges of an integrated approach

12:00 -12:55 – Interactive workshop

LUNCH

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Main room - Afternoon Session

13:50 – 13:05 - Improve the early identification and referral to specialist services of problematic tone and spasticity for patients following acute stroke - Samuel Hodgson

Session Synopsis

I am one of the clinical lead physiotherapists working in the Neurosciences service at the NNUH. I have been working in stroke services for over 12 years. I am currently in the final stages of completing an MSc in Advanced Clinical Practice.

This presentation will aim to evaluate the strategies used to implement a process for early identification of problematic tone and spasticity within an acute stroke service. The outcomes of the improvement project will be summarised as well as some of the barriers and suggestions for adaption and long-term implementation.

Learning Outcomes

1. To review the evidence base and importance of early assessment and identification of tone and spasticity.
2. To analyse a framework for early identification of tone and spasticity that could be adapted and transferred to individual services.
3. Gain a greater understanding into the facilitatory leadership skills needed as part of quality improvement methodology.

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14:05 – 14:20 – Developing a secondary prevention protocol for our patients - Alison Whear



I have recently qualified as an Advanced Clinical Practitioner. I have always worked in the neurological nurse field starting in acute neurosurgery and neurology including stroke, before moving to stroke rehabilitation. I have worked in several neuro rehabilitation units and worked as a Team Leader for a Community ESD Team. 0901

Session Synopsis

I completed a Quality Improvement Project for my final year MSc Advanced Clinical Practice. This QI project developed a time efficient way to build in more secondary stroke education to patients during their rehabilitation stay. It was found many patients arrived at the unit with no knowledge of what may have caused their stroke, why they were taking new medication and lifestyle risk factors of a secondary stroke and steps to improve these.

Through using the PDSA cycle method of quality improvement I was able to establish versatile methods for the unit to ensure all staff were involved in improving a patients stroke knowledge.

This has resulted in our patients and their carers/families being discharged back to the community with a clear understanding of the causes of their stroke and preventative measures to take to reduce their risk of a secondary stroke. They have an awareness of the six-month review process so they can begin to prepare for identifying their unmet needs and ensure they use the six-month review process to the maximum.

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Learning Outcomes

1. To ensure secondary stroke prevention and health education is a vital part of rehabilitation pathway for patients. To ensure patients have the answers to the questions about their stroke and individual risk factors.
2. To share the principles of quality improvement to ensure this is a regular part of practice for all professionals. To encourage education pathways to be developed so all staff, patients and carers become stroke champions.
3. To link with community pathways and service providers to enable the six-month review process to have greater impact by starting the assessment with patients throughout their post stroke journey. This should allow patients and their carers to become knowledgeable and informed of their unmet needs and the six-month review process to build on resolving these unmet needs rather than purely identifying.

14:40 – 14:50 - A service evaluation to support implementation of the Integrated Community Stroke Service using telerehabilitation in community stroke rehabilitation services: a progress report - Dr Nicola Hancock



Dr Nicola Hancock is Associate Pro-Vice-Chancellor for Innovation at the University of East Anglia. Her research includes investigating activity and interventions to promote movement recovery after stroke, user-centred design and evaluation of technology-enhanced rehabilitation interventions and service improvement via person-centred approaches to rehabilitation.

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Session Synopsis

This session will provide a rationale for exploring telerehabilitation as a service delivery model within the ICSS, and the service evaluation tools used to ensure breadth and depth of information is gained to underpin future decisions. It will then provide a progress report on a funded service evaluation in East of England community stroke services.

Learning Outcomes

1. To understand the evolution of remote working in community stroke services via the existing evidence base
2. To understand a mixed-methods service evaluation model in community stroke practice
3. To gain insight into current use of telerehabilitation/remote working in East of England community stroke services

14:50 – 15:20 – The Power of Connectivity - Louise Hornagold & Sara Betsworth – The Stroke Association



Louise Hornagold

Having worked in the third sector for the last 21 years, she has a deep understanding of how the charity sector works and considerable experience in governance and community development. Louise is passionate about the provision and development of life long support for people affected by stroke. She believes in the power of community and is a vocal advocate of collaborative working and co-production.

“Stroke survivors and people affected by stroke should be at the heart of everything we do”.

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Sara Betsworth

She has worked for the charity in the region for almost ten years in a variety of roles, overseeing service development and delivery, and working with partners towards improved pathways and provision. Prior to that she worked for 13 years in grant making, collaborating to design and roll-out strategic programmes and fund innovative projects to tackle disadvantage in health, education, the environment and to support the work of the voluntary sector.

Session Synopsis

- Why connectivity is important (to information, expertise, and peers with experience)
- Examples of connectivity through patient stories – Stroke Recovery Service and Stroke Association Connect
- Reflecting on our individual agency in connecting

Learning Outcomes

1. An opportunity to reflect on why connectivity is critical and the role we all have to play
2. Understand more about the patient centred approach to Life After Stroke Services and remote support options
3. Identify a follow action to increase your connectivity

BREAK

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Room 1 – Afternoon Session

13:50 – 14:20 – How can we help more people benefit from thrombolysis for acute ischaemic stroke - Prof Martin James



Martin James is Consultant Stroke Physician at the Royal Devon & Exeter Hospital, Exeter, and Honorary Clinical Professor at the University of Exeter Medical School. His ongoing research interests include improving methods for the prevention of first and recurrent stroke, and operational research in hyperacute stroke care, particularly around the delivery of stroke reperfusion treatments. He is Clinical Director of the Stroke Programme and a Visiting Professor at King's College London, which runs the national stroke audit 'SSNAP', a joint editor of the new National Clinical Guideline for Stroke 2023, and he chairs the Intercollegiate Stroke Working Party.

Session Synopsis

A whistle-stop tour of sophisticated machine learning-based analysis of clinical variation in thrombolysis practice based on over 88,000 cases in SSNAP – and what we can do about it

Learning Outcomes

1. A better understanding of the things that contribute to clinical variation in thrombolysis practice – and the things that don't;
2. Taken a forensic look at some of the common myths behind between-hospital variation in the use of thrombolysis;

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3. Learnt some simple things that we can do to address variation in thrombolysis use in our own everyday practice - starting tomorrow.

14:20 – 14:40 – Pre-Hospital Stroke Video Triage in North Cambridgeshire - Andrew Larby & Radim Licenik



Andrew Larby

Clinical Lead for Stroke Video Triage, currently overseeing pre-hospital video triage in two areas in East of England, and currently working to expand pre-hospital video triage across 7 acute stroke centres in the East of England. Paramedic by background with a keen interest in Acute Stroke Care.



Radim Licenik

Clinical lead for stroke at North West Anglia NHS Foundation Trust. His main interest is in pre-hospital and hospital emergency stroke and neurointensive care. He is a co-chair of European Society of Neurosonology and Cerebral Hemodynamics Focused Echocardiography Working Group developing multimodal point-of-care ultrasound programmes for stroke medicine and neurointensive care.

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Session Synopsis

An overview of the implementation and success of pre-hospital video triage at Peterborough City Hospital. We will share how we implemented pre-hospital video triage, the benefits it offers, patient case studies and we will also present some of the data we have collected so far.

Learning Outcomes

1. Raise awareness of pre-hospital video triage and how it can be successfully implemented in an Acute Stroke Centre.
2. Discuss the benefits of pre hospital stroke video triage to both patients who are having a stroke, but also those patients who are presenting with stroke mimics (e7k_5: the need for emergency response to stroke and transient ischaemic attack, e7k_3:stroke mimics and how they present & e7s_5:identify and appropriately treat stroke mimics)
3. Offer an insight into the data and patient outcomes from pre hospital stroke video triage.

14:40 – 15:00 An update on the NOSIP in the East of England - Dr Rayhaan Rahaman



Consultant Radiologist at the Norfolk and Norwich University Hospital and National Optimal Stroke Imaging Pathway (NOSIP) lead for the East of England.

Session Synopsis

A brief overview of NOSIP and the progress made towards implementation of NOSIP in the East of England. We will also look at the barriers and how we can overcome challenges to the implementation of NOSIP in our region.

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Learning Outcomes

1. Know the imaging requirements of the NOSIP
2. Benefits of the NOSIP
3. Status of implementation of NOSIP in the East of England.
4. Barriers to implantation of NOSIP and plans to overcome

**15:50 – 15:20 – Care after Mechanical Thrombectomy – Nurse perspective -
Sofia Gomes**

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Room 2 – Afternoon Session

13:50 – 14:20 – Optimising multi-professional supervision: insight from advanced practice - Dr Deb Harding



Deborah is Professor of Learning and Innovation for Practice at St George's, University of London and Multiprofessional Supervision Subject Matter Expert in the Centre for Advancing Practice, NHS England. Deborah's PhD research explored supervision for the allied health professions (AHPs). She has delivered projects for NHS England's Chief Allied Health Professions' Officer's team informing publications to guide AHP leadership and leads work to develop guidance for workplace multiprofessional supervision for the Centre for Advancing Practice, NHS England. Deborah is a speech and language therapist by profession.

Session Synopsis

The session will provide a short overview of supervision considerations in advanced practice and explore how these apply in the context of advanced level practice in stroke care.

Learning Outcomes

1. Develop awareness of national guidance for advanced practice supervision
2. Have some critical awareness of factors which will influence effect supervision for the development of advanced practice in stroke care

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14:40 – 15:20 – Acute Assessment – Pitfalls and Pearls - Dr Kirthi Ramanathan



Stroke consultant and led services since 2003. Currently a Clinical Director of stroke across MSE and lead Steward for stroke services in MSE ICS

Session Synopsis

The session is aimed at frontline clinicians involved in assessing suspected strokes/TIAs. I will appraise clinical approaches used to assess stroke/TIA with a view to providing practical advice and address limitations of clinical assessments

Learning Outcomes

1. TIA assessment (E5 SSEF)
2. Stroke assessment (E8 SSEF)
3. Missed diagnosis and missed opportunities for intervention – how to mitigate right upfront (E1 SSEF)
4. Identification system and tools and their fallacies (E1 SSEF)

BREAK

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Main Room

15:40- 16:00 – Stroke Patient Experience Measures (PREMs) Survey 22/23– Results - Juliet Bouverie OBE



Juliet has been the Chief Executive of the Stroke Association since June 2016. Juliet also co-chairs the Stroke Delivery Programme Board with NHS England and is a member of the NHS Assembly.

Session Synopsis

Celebrating the success of this pilot and recognising the involvement of the whole stroke community
Presenting and understanding the findings around the themes;

- Information and understanding
- Support
- Dignity and respect
- Feeling involved in decisions

Enabling the stroke community to start quality improvement conversations along the whole stroke care pathway.

Learning Outcomes

1. Understanding the background and purpose of the survey
2. Finding out more about the results

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3. Starting to consider how this can kick off or enhance quality improvements in local systems across the pathway

16:00 – 16:15 – Patient Story - Julie Lesslie



I'm a 59 year old Stroke survivor who had a stroke in 2012.

Session Synopsis

A brief story of my stroke, how I was treated and my recovery up to the present day.

16:15 – 16:20 - Closing Comments – and poster presentation competition winner announced - Sara Betsworth

END

To feedback on the day please complete our survey [HERE](#)

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Innovators

	Attendee Name	Diana Hodgins
	Email Address	diana.hodgins@dynamicmetrics.com
	Company Name	Dynamic Metrics Ltd
	Innovation Name	GaitSmart

Description of Innovation(s)/Company

Dynamic Metrics Ltd (DML) developed GaitSmart, a sensor based gait monitoring tool. The GaitSmart intervention programme is an innovative digital health solution used in clinics to treat MSK patients without the need of a highly qualified physiotherapist. It has been designed to be used by a healthcare assistant (HCA) to provide gait analysis and a gait rehabilitation programme from one 10 minute test.



The GaitSmart service is considered a fully automated closed loop system. The measurement drives the rehabilitation programme and a further measurement demonstrates the effectiveness of the intervention. It can be provided to patients throughout their care pathway, which provides a reference measurement that can be tracked by clinicians remotely.

What are you hoping to get out of the day?

We are hoping to meet clinicians with an interest in our technology. The aim is to demonstrate GaitSmart on people attending the event so they can see how easy it is to use.

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 	Attendee Name	Mark Cooper and Megan Burtenshaw
	Email Address	mark.cooper@gandn.com & megan.burtenshaw@gandn.com
	Company Name	G&N Medical
	Innovation Name	The geko™ device

Description of Innovation(s)/Company

G&N Medical is a UK Medical Device Company and the UK Distributor for the geko™ device which is manufactured by Firstkind Ltd (a subsidiary of Sky Medical Technology Ltd) also based in the UK. G&N are market leaders for DVT prevention in the UK, actively supplying the NHS and private healthcare markets.


The geko™ device, powered by OnPulse™ neuromuscular electrostimulation technology, is clinically proven to increase blood flow to help prevent and treat a range of acute medical conditions. The size of a wristwatch and worn at the knee, the easy-to-use geko™ device gently stimulates the common peroneal nerve activating the calf and foot muscle pumps, resulting in increased blood flow in the deep veins of the calf. NICE guidance (MTG19) supports the geko™ device to reduce thromboembolism risk for patients when other mechanical and pharmacological methods of prophylaxis are impractical or contraindicated.

What are you hoping to get out of the day?

The geko™ device is particularly useful for stroke patients when anticoagulants and IPC are either contra-indicated or not tolerated. Through an audit of clinical practice, Firstkind partnered with a major NHS Trust to assess the use of the geko™ device for VTE prophylaxis in the acute stroke pathway with very positive outcomes. We are working with a large number of stroke units across the UK, to help them introduce the geko™ into their stroke VTE pathways. We would appreciate the opportunity at the forum to meet stroke clinicians and their teams and have the chance to fully demonstrate the device and discuss how it can help improve VTE Prophylaxis in their departments. We would like to share information about how other trusts have incorporated the geko™ device into their units. We hope to be able to use some of the free time at the conference to discuss with each stroke team in the East of England, how we can work with them and support them in introducing the device into their units, and understand what the next steps would need to be to progress this.

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Interactive Programme

 CardioCrown	Attendee Name	Heraldas Gaspariunas
	Email Address	heraldas@cardiocrown.com
	Company Name	CardioCrown Limited
	Innovation Name	NeuroVive

Description of Innovation(s)/Company

NeuroVive is a stroke rehabilitation platform involving VR that intends to act as a supplementary rehabilitation tool to current practice, to improve outcomes for individuals post stroke. The device aims to improve upper-limb function, track and progress therapy and encourage independent rehabilitation, all whilst still providing continued support from a therapist.

Our solution addresses long-term neurological conditions by providing personalised rehabilitation programs. It utilises virtual reality, gamification, robotics, and electrical stimulation to enhance recovery outcomes. Additionally, it provides emotional and mental health support together with speech and cognitive rehabilitation. The use AI creates customised rehabilitation pathways and optimises recovery. The system is designed for seamless integration into existing healthcare systems.

What are you hoping to get out of the day?

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Interactive Programme

Innovative Technology Display: Through showcasing our stroke management system, we intend to vividly demonstrate the cutting-edge technological advancements we've incorporated. Our aim is to captivate attendees with the potential of our system to reshape stroke recovery.

Validation through Expert Evaluation: We seek to have our system evaluated by renowned experts in the stroke field. Their assessments will serve as an external validation of our technology's efficacy and potential to improve patient outcomes.

Exploring Research Collaborations: CardioCrown aims to establish connections with researchers and institutions interested in conducting joint studies and clinical trials. Collaborative research endeavours will contribute to the ongoing development and validation of our system's impact.


Engaging Caregivers: Recognizing the pivotal role caregivers play in stroke recovery, we aspire to connect with them directly. Their insights and experiences will shape our system's features, ensuring it accommodates the needs of both stroke survivors and their support networks.

Collecting User Stories: By interacting with stroke survivors who have utilized various rehabilitation methods, we aim to gather compelling user stories that highlight the impact of our system. These stories will provide tangible evidence of our technology's positive influence.

Networking with Industry Stakeholders: We intend to foster connections with representatives from medical device companies, healthcare organizations, and insurance providers. This networking will help us understand the broader healthcare ecosystem and identify potential avenues for partnerships.

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Interactive Programme

	Website	https://lusiorehab.com/pages/contact-us
	Company Name	LusioRehab
	Innovation Name	LusioMate

Description of Innovation(s)/Company

How many times have you struggled to complete a physical therapy program agreed with your therapist?

With typical 'at home' adherence rates as low as 15%, the chances are the answer is fairly often. Evidence suggests that there are many reasons for this but whatever they may be it remains a significant barrier to successful therapeutic outcomes.

With this top of mind, our clinicians told us they would love a 'simple' tech solution to monitor, motivate and engage clients in order to help maximise the likelihood of therapy goals being met.

The Result - LusioMATE - a physical therapy ecosystem app with wearable sensors. The sensors attach to any part of the body and connect via bluetooth to an ever growing number of FUN exergames created to entertain and motivate Players through their tailor made PT programs. The app provides real time feedback and full remote monitoring capability ideal for tele-rehabilitation.

With the LusioMATE app being available for all Apple / Android devices and smart TVs, it's a super versatile physical therapist in your pocket, usable in clinic, at home , anytime, anywhere.

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Interactive Programme

	Attendee Name	Michelle Elliott (Director Clinical Growth), Ben Wain (Clinical Director) Tom Finn (Co-Founder/Creative Director)
	Email Address	michelle@stroll.co
	Company Name	Stroll Ltd
	Innovation Name	Reality DTx ®

Description of Innovation(s)/Company


Digital Therapeutics for gait, balance and falls.

Stroll DTx is the world's first, patented augmented reality (AR) solution for cueing therapy and gamified exercise to improve gait, balance and reduce fall risk for people with Parkinson's disease and other neurological disorders.

Stroll has created a range of products for assistance, treatment, and diagnostics to enable people with PD and other neurological conditions to regain their mobility, control, and independence.

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Interactive Programme

 CAPTURE STROKE	Website	https://capturestroke.com/
	Company Name	Capture Stroke
	Innovation Name	CaptureStroke

Description of Innovation(s)/Company

Reality DTx ® is a digital therapeutics software solution for commercially available augmented reality glasses that transforms the way therapy and rehabilitation can be delivered for people living with neurological disorders

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