The 2011 NIMAST conference was held on Friday 21st October at Lagan Valley Island Centre and was one of the most successful to date. More than 130 delegates attended from many health care roles and professions to hear a range of speakers from Northern Ireland and beyond.

The conference was opened by Dr Michael McBride Chief Medical Officer DHSSPS and featured presentations on a variety of topics including, the NI Stroke Research Network, the UK Forum for Stroke Training and the provision of Psychological care for stroke patients. The conference also provided a platform for oral and poster abstracts to be presented by local speakers on research and stroke service improvement across Northern Ireland.

The NIMAST committee wish to thank the sponsors of the 2011 conference; Sanofi Aventis, Boehringer Ingelheim and Saebo as well as all the presenters who contributed to the day and all the delegates who helped make the event a success.

The 2012 conference will be held in Lagan Valley Island Centre on Wednesday 2nd May and is a partnership with the UK Stroke Forum. Further details and online registration are available via the UK Stroke Forum website www.ukstrokeforum.org
New Stroke Unit - Altnagelvin Hospital

A new Stroke Unit opened at Altnagelvin Hospital in July 2010. It is an 11 bedded unit structured on providing hyper acute / acute stroke care and acute rehabilitation. In the first 12 months there has been a number of new consultants appointed to the team. Dr Joe McElroy has welcomed to the stroke unit Dr John Corrigan, Dr Enda Kerr and Dr Stephen Todd.

The entire multidisciplinary team have settled into their ultra modern, state-of-the-art health care setting, pushing forward continuous improvements in all aspects of stroke care and rehabilitation.

European Stroke Conference

Congratulations to Dr Mark McCarron and Stroke Specialist Nurse, Jacquie McKee who successfully presented audit poster presentations at the European Stroke Conference for the second year running.

Dr McCarron presented their audit titled ‘Our young ischaemic, patients investigated in a general Hospital in Hamburg, May 2011’. Jacquie McKee presented in Barcelona in 2010 their audit titled, ‘Impact of a quality programme on a TIA clinic - delays and driving compliance.’

Erne Hospital

The stroke team at the Erne Hospital are finalising their plans for the transfer to a new Stroke Unit in the New Acute Hospital for the South West. Construction of this new facility is on schedule and is due to be opened June 2012.

Support Post Discharge

Within the Southern sector of the Western Trust there is a close partnership of Voluntary and Statutory services providing post discharge review of all Stroke and TIA patients discharged home. NI Chest Heart and Stroke’s Family Liaison Co-ordinator, Marie Kelly works along side Sheila Grimes, the Stroke Specialist liaison nurse for the Omagh and Fermanagh area. Between them all clients, their relatives and carers are supported emotionally, educated and signposted to meet all their needs, with Sheila managing secondary prevention. Marie identifies suitable clients to refer onto the stroke and exercise groups held in Fermanagh and Omagh. She also facilitates Carer Support Groups and Self Management Groups. Public screening and education on cardiovascular risk factors is provided by Marie and Sheila monthly at the Erne Hospital.

Any patient with a new diagnosis of stroke being discharged into the Western Trust area please contact Sheila Grimes on (028) 8283 3382 or Marie Kelly (028) 8225 1 640.
Acute directorate

In line with recent PFA targets for triage and management of potential Thrombolysis and High Risk TIA patients’ considerable developments have occurred within the trust. A neurovascular clinic with two consultation rooms has been built within the ward of the existing acute stroke unit on the Craigavon Hospital site. The daily (Monday-Friday) high risk clinic compliments the existing weekly neurovascular clinic and is run by rotating nursing and medical staff from the stroke unit. Dedicated daily imaging slots are available with medication prescription and observed administration a key aspect of the service. All patients within the southern trust with suspected TIA are triaged through the Craigavon site and allocated to daily clinic, weekly clinic or direct admission. The daily clinic has reviewed approximately 180 patients since its launch in September 2010.

To facilitate a rapidly responsive 24/7 thrombolysis service, the trust has received ownership of two Tandberg based video-conferencing carts. The ultimate plan is to have the carts available for stroke consultation on both of the acute sites within the trust and provide remote expertise promptly irrespective of presentation time. Similar equipment has been used effectively within other parts of the UK. Remote consultations have already taken place with favourable comments from patients, carers and staff.

Update on stroke services in primary care, SHSCT.

Stroke Survivors within the Southern Trust have now access to Specialist Stroke Early Supported Discharge Schemes across the three localities. All team members have been appointed with the exception of social work which is soon to be recruited. The recent development of a stroke database will enable activity to be monitored and allow for measurement of outcomes from community based teams. New services have been agreed with the Stroke Association and NICHS to ensure that stroke survivors have access to on-going support following discharge from Community Stroke Teams.

Stroke Specialists Nurses within the primary care setting continue to use Remote Telehealth as a means of measuring, monitoring and managing peoples’ BP and pulse following stroke. At the recent UK Stroke Forum in Glasgow, Hilary Thompson gave a short presentation on the use of RT in the Southern Trust outlining its use in secondary stroke prevention. From its commencement in October 2008, a total of 265 patients post stroke have been referred within the Southern Trust. An audit examining RT practice was carried out by the Stroke Nurse Specialists in October 2011. Of the total audit sample, 32% of patients needed no pharmacological intervention as their BP fell to within the target during the track and trend period. 38 % of the sample group required titration of existing anti-hypertensive medication whilst 19 % of patients were prescribed a new anti-hypertensive drug with a significant proportion of people requiring further dose adjustment of their new anti-hypertensive medication before BP control was achieved. When examining entry BP prior to RT and exit BP’s following RT, a mean reduction of 19mmHg in systolic BP and a mean reduction of 8mmHg in diastolic BP were revealed.
Each year over 130,000 people in England and Wales and thousands of people in Northern Ireland have a stroke. Fixed point-to-point teleconsultation has been demonstrated to be effective from remote community hospital to specialist neurology unit [1] [2]. Home based teleconsultation introduces a patient-centred approach which encourages engagement with the healthcare professionals and promotes self-management of stroke. We evaluate a teleconsultation system, which can be utilized by health professionals in conjunction with a scheduled home visit. 3G technology provides wireless connectivity at ‘mid-broadband’ data rates (128-500 kbps).

The consultation normally involved one community health care professional and one technical support person at the community address with the patient, and a consultant and one technical support person at the hospital. The quality and acceptability of the general conversation and communication between clinicians and patients was addressed. A diagnosis is not made with the equipment and the teleconsultation is in addition to current care arrangements. The study sought and received a favourable ethical opinion from ORECNI (09/NIR03/84).

Any interaction with the patient preserves anonymity and data is stored securely without any patient identifiers. The technology is based on low cost off the shelf hardware and software components. The feasibility of the teleconsultation was assessed by each of the participant groups by addressing criteria in Table 1.
Twelve teleconsultations have been conducted, with a target of 20. Evaluation is ongoing. However there are two significant issues: 1) Inadequate 3G coverage in more remote rural areas which prohibits a teleconsultation in the first place; 2) Unreliability of connection, which can mean that a successful consultation may be interrupted or terminated. The study has provided the communication parameters necessary for an acceptable consultation. These can be normally achieved by 3G at a known hospital location, but currently require wired broadband at the remote location. As 3G services are further rolled out, then quality of service should improve.


¹School of Computing & Mathematics, University of Ulster, Newtownabbey, UK
²Ulster Hospital, South Eastern Trust, Northern Ireland, UK.

Michael.Power|Belinda.Wroath@setrust.hscni.net @

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<th>Role</th>
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<td>Patient</td>
<td>Was the equipment intrusive/acceptable?</td>
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<td>Were you able to understand the consultant?</td>
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<td>How easy was equipment for communicating/responding to hospital consultant?</td>
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<td>What was the overall comfort with/acceptability of the procedure?</td>
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<td>Was there satisfaction with arrangements for the teleconsultation?</td>
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<td>Preference for teleconsultation versus hospital appointment?</td>
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<td>Primary Care Team</td>
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<td>How was communication with hospital consultant?</td>
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<td>Was there a benefit of consultant availability</td>
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<td>Were there specific limitations of the teleconsultation process?</td>
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<td>Any problems arranging the teleconsultation with patient and consultant?</td>
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<td>Consultant</td>
<td>How was the communication with patient?</td>
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<td>How was the communication with technology team?</td>
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<td>Did the consultation permit review of patient progress?</td>
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<td>Were there specific limitations of the teleconsultation process?</td>
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<td>What were the problems with arrangements?</td>
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<td>Technical Team</td>
<td>Was there a wired Internet/wireless Internet/ in addition to the 3G connection</td>
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<td>How Easy was it to establish the connection? Were there service interruptions?</td>
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<td>What was the perceived transmission quality (lag/screen freeze etc.)</td>
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MOVING ON AFTER STROKE

In 2009 the Stroke association conducted a survey of 1160 stroke survivors and physiotherapy staff which identified gaps in post hospital phase rehabilitation. Those stroke survivors who had a positive experience felt that further physiotherapy helped them to be less reliant on their carers. Furthermore, improved communication and social cognition are the biggest factors in encouraging patients to return to community activity (Oster, Smith P, Smith D, Ottenbacher ’05).

It has been well documented that group therapy harbours positive health benefits of building interpersonal relationships and community (Elman ’07) and that an important role for SLTs is to help aphasic patients reconnect with their family members, their friends and their community (Elman, Roberta, ’07). With this in mind over the past few months the Community Stroke Team in Bangor has run several group sessions on a pilot basis. These have been in the form of a 4 week speech and language run group for people with aphasia, and a 6 week balance class running alongside a 6 week tai chi class, both run by physiotherapists.

A gap was identified in the service provision for all patients but for aphasics in particular where the person finds it incredibly difficult to rehabilitate back into their community and their life again following stroke. This group was designed to have a multi-disciplinary perspective in order to achieve improved confidence in interaction with respect to all aspects of life e.g. mobilising and health issues as part of the patient’s decision to “move on” with life. To this end, Physio, O.T, Nursing and Social Work colleagues took part in a half hour question/answer session on 3 of the weeks which was facilitated by Speech and Language Therapy.

This group was offered to recently discharged and current patients with aphasia. The main aims of the group were optimising and maintaining achieved ability with communication and increased confidence and integration for lifestyle inclusion. To this end members of the group were encouraged to set their own goals for the group’s duration and beyond.

Early outcomes of the group are very positive, the members of the group will meet in October to verify this and review goals. The empowered group members also agreed to attend the local CHS support group.

A further gap in service provision was identified in ongoing physiotherapy at much later stages post stroke, stroke survivors often request further input regarding gait and balance.

A balance class was designed based on a progressive set of exercises that could be carried out within the class setting and reinforced at home between sessions. Stroke survivors attended a weekly 1 hour session in the newly opened gym in Bangor Community Hospital. Outcomes were measured and participants were grouped on ability and those with the highest scores were invited to attend a Tai Chi class running concurrently.

Full integration into life again may not happen during intensive direct therapy period and may be better addressed on a separate and specific level. Group sessions focus on maintaining achieved abilities and maximising potential, improving psychosocial function in a cost and time effective way.

Carolyn Greer SLT, Dr Kim Warke MCSP, South Eastern Trust, Community Stroke
New Neuropsychology Service

A Neuropsychology Service is now in place for Stroke Patients and their families, within the Belfast Trust. The service is currently being developed by Dr Shelley McKeown, Chartered Clinical Psychologist, who joined the Trust in September 2011.

The overarching aim is to ensure that a timely and responsive Neuropsychological service is available for all stroke survivors and their families, across the stroke care pathway. This will ensure that needs are met along the stroke survivor's journey, within acute and community services.

A stroke is a sudden and unscheduled life event that brings many changes for patients and their families. It can result in significant physical, cognitive, behavioural and emotional changes that can be hard to cope with, and make recovery more challenging. Consequently, the Service recognises that everyone will have neuropsychological needs at some point in their journey but not necessarily need to see a Clinical Psychologist. It also recognises that psychological care is everyone’s business.

Therefore a key objective will be to empower and support all professional staff groups working with stroke, feel competent and confident in their recognition, screening /assessment and management of neuropsychological issues. It is hoped that this objective will be achieved through the introduction of a stepped care model, in which consultancy, supervision and training will be embedded. It is also envisaged that the Neuropsychology Service will work closely with organisations such as Chest Heart & Stroke NI, The Stroke Association and Stroke Survivors Partnership Forum.

If you would like to know more about the service, please contact Shelley.mckeown@belfasttrust.hscni.net
New training course from Stroke Association NI

The Stroke Association Northern Ireland is offering a new training course titled ‘Caring for People Affected By Stroke’ (CFPABS).

CFPABS is a one day intensive programme of training specially designed for all nursing and care staff. The CFPABS programme has been validated against NVQ/SVQ level 2 and 3 in Health and Social Care. It is endorsed by the UK Stroke Specific Education Framework the British Geriatric Society, and reflects the quality markers in the National Stroke strategies.

The programme would benefit staff who are pursuing QCF Level 2 and Level 3 Diplomas in Health and Social Care, NVQ Levels 2 & 3 in Care and NVQ Level 3 in Promoting Independence, and they will find this programme relevant to a number of units. Similarly nurses will be able to use the programme for their ‘PREP’ requirements.

The Stroke Association Northern Ireland is able to organise CFPABS training events for individual organisations or groups of organisations from the statutory, community, voluntary and private health care sectors.

For further information please contact: Damien Coyle on 028 9050 8055

Communication training Course for frontline staff

The Stroke Association NI is offering a Communications, Barriers and Impacts course for frontline staff from statutory, community & voluntary and private health care organisations. The course is delivered by a qualified Speech and Language Therapist and a peer trainer who is a person living with aphasia.

The programme aims to enable course participants to develop communication strategies and to ensure that staff working with people living with aphasia, stroke, survivors and their carers/families gain an insight to and a further understanding of key issues. This programme has been successfully delivered to frontline staff, care assistants, porters and administration support staff from a number of Health and Social Care Trusts and healthcare charities.

For further information please contact: Damien Coyle on 028 9050 8055
Recent Publications

The following articles have appeared in recent medical journals and may be helpful to health professionals working with stroke patients, particularly orthoptists.

“Visual rehabilitation following cerebellar stroke”,
Shipman T, Hughes L, British & Irish Orthoptic Journal; 2011; 8: 33-35
This article presents a small case series of patients with visual complications following primary acute cerebellar stroke, documents the types of visual deficit that occurs, examines recovery patterns and identifies rehabilitation strategies available. Deficits found included: nystagmus; internuclear ophthalmonplegia; skew deviations and fixation abnormalities. The authors recommend that patients who have suffered cerebellar stroke, especially those with vague visual symptoms and those failing to respond to rehabilitation, should be referred for orthoptic assessment. Copies of the article are available from BIOJ or by e-mailing Tracey.Shipman@sth.nhs.uk

“Orthoptic assessment and management of patients with stroke in Scotland”,
Pollock et al, British & Irish Orthoptic Journal; 2011; 8: 36-42
The authors conducted a survey of orthoptists from each eye department in Scotland to gather information about assessments, protocols and treatments during the management of stroke survivors. The results of the survey support the need for management plans and protocols specific to patients with stroke, and confirm a number of priorities for future research into the orthoptic management of visual problems after stroke. This research was funded by RNIB Scotland. Copies of the article are available from BIOJ or by e-mailing alex.pollock@gcu.ac.uk

Resources

Care homes - New improved resource available
A new and improved care homes resource is now available on the Stroke Improvement Programme website www.improvement.nhs.uk/stroke

NHS Improvement has been working with four national projects, running improvements to the support they offer to people in care homes from October 2010 until March 2011. This resource is the result of their learning and that of other stroke teams who have been working with care homes and social care staff.

The resource includes sections on national policy, how to engage with care homes, key issues, training, reviews and specialist input, making the case and case studies to learn from.

Life after stroke and carers films - The Stroke Association

Stroke survivors, carers and staff from The Stroke Association have been working with BBC staff who have volunteered their time and skills via the BBCs ‘Connect and Create’ Outreach scheme. Working together over two years, the two organisations have worked to try and capture real life, personal, moving but ultimately positive stories of people coming to terms with life after stroke. The two films completed so far, ‘Life after Stroke’ and ‘A carer’s perspective’ show how stroke affects peoples lives, but also how people move on to find new ways of coping and enjoying life again. Please visit The Stroke Association website www.stroke.org.uk to view the films.
Resources

Carer support resource

The Stroke Improvement Programme has created a new Carer support resource on the Stroke Improvement Programme website www.improvement.nhs.uk/stroke

The information and resources available through the webpage were developed by carers, stroke survivors and others working to support carers. You will find a list of resources and links to carers organisations, the policies which underpin support for carers, and evidence to show the importance of supporting carers in their caring roles. The carer support resource will evolve over time as more resources, materials and evidence are added to it

A guide to achieving changes in imaging services to support new stroke pathways

This new NHS Improvement publication has been produced to highlight how changes in imaging services have been achieved by trusts across the country to deliver improvements in services to stroke patients, to support improved outcomes and patient experiences. The publication can be downloaded at www.improvement.nhs.uk/stroke

GM-SAT training video - Tool to support the six month review

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) for Greater Manchester, in collaboration with the Greater Manchester and Cheshire Cardiac and Stroke Network, have this month launched a new training video about GM-SAT- the Greater Manchester Stroke Assessment Tool. GM-SAT is a simple, free-to-use, evidence-based assessment tool purposely developed for use in six month post-stroke reviews, a key requirement of the DoH National Stroke Strategy. This video explains how the tool was developed, its structure and how it should be used and introduces the GM-SAT Easy Access Toolkit, a version of the assessment tool suitable for people with aphasia after their stroke.

Further information on post stroke reviews is available on the NHS Improvement Reviews online resource. www.improvement.nhs.uk/stroke
Hot off the Press

National news

Images capture moment brain goes unconscious
For the first time researchers have monitored the brain as it slips into unconsciousness. The technique could ultimately help doctors pinpoint damage in the brains of people suffering from stroke and head injury.

Stroke risk in women: the role of menopause and hormone therapy
http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(11)70269-1/fulltext
Although women have a lower risk of stroke during middle age than men, the menopausal transition is a time when many women develop cardiovascular risk factors.

Migraine and stroke: a complex association with clinical implications
http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(11)70266-6/fulltext
Data show no firm association between stroke and migraine without aura—by far the most common type of migraine—but a doubling of the risk of ischaemic stroke in people who have migraine with aura.

New Research Aims To Help Transient Ischaemic Attack (TIA) Patients By Assessing Their Risk Of Stroke
Research carried out by the HRB Centre for Primary Care Research, based in the Royal College of Surgeons in Ireland (RCSI), recently published in the journal Family Practice aims to help patients that have suffered a transient ischaemic attack (TIA) by assessing their risk of subsequent stroke.

Events

UK Consensus Conference on Atrial Fibrillation
Thursday 01 to Friday 02 March 2012, Edinburgh
Organised by the Royal College of Physicians of Edinburgh, this UK Consensus Conference on Atrial Fibrillation aims to address the four key questions relevant to practising clinicians:
How can we best detect Atrial Fibrillation?
Should the treatment of Atrial Fibrillation be targeted towards control of rhythm, rate or both?
What is the most effective and safest delivery of thromboprophylaxis in Atrial Fibrillation?
What are the differences between physician and patient expectation with regard to the management of Atrial Fibrillation?
To find out more, please visit the Royal College of Physicians of Edinburgh website, http://www.rcpe.ac.uk/

RCN - The changing face of stroke care – fast forward
Wednesday 22 February 2012, Sheffield;
Wednesday 06 June 2012, Birmingham;
Wednesday 19 September 2012, London
Organised by the Royal College of Nursing, these events are aimed at all health care professionals who are involved in stroke management and rehabilitation. Speakers will discuss their experiences and offer suggestions as to how you can help your patients regain skills, make adjustments to living with the long-term conditions of stroke and adapt to a different way of life.
A flyer and booking form are available at the RCN website www.rcn.org.uk
NIMAST NEWS

NIMAST Conference 2012
A Partnership between NIMAST and UK Stroke Forum.
Wednesday 2\textsuperscript{nd} May 2012
Lagan Valley Island Centre, Lisburn

For further information please visit the following websites
www.nimast.org.uk or www.ukstrokeforum.org

JOIN NIMAST

The Northern Ireland Multidisciplinary Association of Stroke Teams (NIMAST) aims to provide a Regional Forum for individuals with a professional interest in Stroke Care delivery across the Statutory, Voluntary and Independent sectors in order to promote excellence in Care.

If you are interested in joining NIMAST please visit our website for further information www.nimast.org.uk or e-mail infonimast@ymail.com

www.nimast.org.uk