



Modernisation Agency
Clinical Governance Support Team

Eureka

Getting a focus on Stroke Services

Creating a coherent Stroke Service at the Bedford Hospital

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How it was

- A 'stroke unit' had been created at the hospital in response to guidelines produced by the Royal College of Physicians in 1998, but stroke services had not been a management priority
- In effect the unit was simply a physical entity: the Stroke Unit 'was just a name on a door'.
- A range of different professions worked in the stroke unit, but no steps had been taken to strengthen multi-disciplinary working. As a result, there was no coherent stroke team.
- A post of Stroke Co-ordinator had been in the Trust's business plan for a number of years but had not been funded due to competing priorities.
- A group of colleagues from the stroke unit decided to join the CGST's programme '[Supporting Stroke Services](#)' in March 2001 as they looked for ways to raise the profile of and improve stroke services. The newly published [National Service Framework](#) added weight to their efforts.

How they did it

- Asking staff for their opinions proved to be a powerful way to generate interest - it helped to start the creation of a coherent team. The therapy members of the team were paid overtime to do the service review.
- The work undertaken during the review process, involving stakeholders and staff in the unit, helped to raise the profile of stroke services within the Trust and local health community.
- Presentations about progress made the service more visible to senior levels of management. Senior staff began to understand the service and consider its development needs.
- Management and staff began to realise the potential benefits of employing a Stroke-Co-ordinator. Staff were encouraged to contribute to the creation of a job description.

How it's improved

- In November 2002, resources were secured from the local Workforce Development Confederation to fund the post of Stroke Co-ordinator for a trial period of six months.
- Progress has been possible on several other important issues. A multi-disciplinary training programme was created, with monthly sessions arranged on a variety of topics. A stroke care pathway was agreed and the associated multi-disciplinary note-keeping process was revised and enhanced. Work to involve patients has been very productive. All these initiatives have been well received by staff.
- The new post has proved its value and the Trust has since agreed recurrent funding.
- Moreover, multi disciplinary team working has significantly improved. Prompted by the review process staff can now see their individual contributions in context.
- The higher profile of the team within the Trust means that they are recognised outside their immediate area and often asked to do presentations in other departments: this helps sustain their profile!

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