Statement Summary: impact of the of research on Post stroke visual impairment carried out by Prof Fiona Rowe since 2013 at The University of Liverpool



Greater Manchester Stroke Operational Delivery Network

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Logo

This statement was written after the respondent consented to be interviewed, this was transcribed and summarised and returned to the respondent for corroboration of fact and to give an opportunity to add any omitted details

I manage the Greater Manchester operational delivery network which is the only delivery network in the country, we look after the care pathway for stroke, that includes the inpatient and community pathways, and we also work on prevention and other workforce development. We cover nine stroke units and sixteen community teams.

Part of my organisations role is to take research and implement, it so working with local researchers is important. We work closely with academics, across a range of areas related to stroke care, one of the visions of the network is to be involved with research to provide evidence based services it's important that we work closely with our academic colleagues. We are very poor at pulling through research evidence into clinical practice to impact upon patients, I feel passionate that we should be taking research findings and implementing them into practical service changes as soon as possible.

I made it my business when the network was set up (2015) to meet important academics, part of our establishing the network was to engage those people locally engaging in areas of interest to us and Clare Howard who works at Salford Royal is Fiona Rowe's PhD student so there's a strong link.

In the first year or two I went over to see her in Liverpool and now I see her every so often. We are in email contact about different things and because she has involvement in things nationally I come across the work she does.

Has Fiona's work directly affected the work of the network?

She was interested in getting a question onto The Sentinel Stroke National Audit Programme (SSNAP) to demonstrate the lack of services. So we did a bit of pilot work for her to pilot a question a year or so ago. We ran that through with some stroke units we've got to collect some data and see if the question worked.

At the moment we're doing a business case to improve orthoptic provision in greater Manchester because at the moment it's very patchy there's no cohesive pathway. Clare Howard who she works with is very involved we are waiting on Fiona's new research to be published but we will drop that into the business case to ensure that it's as evidence based as possible.

What changes have occurred due to Prof. Rowe's research?

From a local perspective we're only just doing something about it. We've known there's an issue. I think what she does is what orthoptics is to stroke is quite niche, its really good to have a champion and an evidence base so what she does is really important to make sure there is robust evidence that will help support change because if you don't, you can go and talk to commissioners and say things are a bit crap but actually its much better to go here's the data to show that and here's what we can do about it, so I think her most recent paper will be really useful, clarifying what the need is and how many people do have visual impairment after a stroke because what that then does for us is allow us to say, based on our population that this many people are going to be assessed and this many people are potentially going to need to be treated, this is the service that we have at the moment, this is the gap, here's what we need to fund it, so, data does drive change, having data really does make a difference, so, the facts that she's University of Liverpool, that she's an academic of high standing, that means that not only do we have an evidence base but a really robust, good quality evidence base which we can then cite as part of the case for change.

Stroke is mentioned in the national plan, orthoptics is mentioned within our community pathways, people within my network are involved in working groups to move things forward. The local work we're doing on the orthoptic side of things in Greater Manchester, we've known there's a gap for a time but Fiona's publication has triggered us to do some more work on that.

We are very poor at collecting long term outcome data, given that stroke is the biggest cause of disability actually longer term outcomes are often more relevant than short term, mortality's important, people do die but we don't measure very well what survivors have to live with.

One of the things we are doing locally is to look at the data that's provided to look at the six month review we don't do well at looking at the unmet needs. We as a region developed it and we'll probably roll it out nationally at some point. Each team's collecting how many stroke 6 month reviews are done and then they are going to collate how much unmet need there is. One of the unmet needs will be visual impairment, we will be able to collect data to show we have got X amount of patients that even after 6 months of intervention, therapy, whatever, they still have an unmet need. I don't know what that data looks like but I would be very surprised given our current circumstances and services if we were doing stunningly well at it. We're data rich in the stroke units but data poor outside of that.

If you don't have someone banging the drum, and I think certainly my impression is nationally if Fiona wasn't there making the case, because it is quite niche but ironically it effects lots of people but because it's not particularly medical, the stroke doctors don't really understand visual impairment, they don't have the expertise in it therefore its often neglected and because orthoptics is an AHP profession and not a medical one or even a nursing one those are areas that don't do very well in the NHS because they don't have strong leadership so I think she provides strong clinical leadership, having that in an area that doesn't come under medicine is really important and you do not drive the agenda forward without that. The combination of her clinical leadership with academic scholarship means there is more of a focus nationally on orthoptics than there would be if she wasn't in the world and there wasn't someone like her pushing forward with that agenda.

Future work

We will continue to collaborate with her. Improving the services through the business case is what we will be working on this year. We will also be doing training, the cheap thing we can do is upskill with the assessment tools and things like that which will be borne out of the research that Fiona's

done. We will be rolling the VISA tool out. As a practicing clinician and researcher she's got her finger on the pulse about what matters.

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