



**RCSLT webinar:**  
**Improving Stroke Care: The impact of COVID present and future**  
**Friday 24<sup>th</sup> July**  
**Q&A**

Chair: **Derek Munn**, Director of Policy and Public Affairs, RCSLT

Speakers:

**Pam Enderby**, Professor Emeritus, School of Health and Related Research, University of Sheffield

**Professor Sue Pownall**, Head of Speech and Language Therapy and Clinical Lead in Dysphagia, Sheffield Teaching Hospitals NHS Foundation Trust

**Juliet Bouverie**, CEO, Stroke Association

**Q1. Is the stroke association data only from England?**

Juliet	The data is UK-wide and representative of the four UK-nations in terms of responses. In total, over 2,000 stroke survivors and their carers told us their views.
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**Q2. Were service users asked about their experience of receiving services when staff are wearing PPE? The choice at present is telehealth vs face to face in PPE - knowledge of clients' preferences would be helpful in designing services going forwards.**

Juliet	<p>We did not specifically ask about people's experience of receiving services when staff are wearing PPE.</p> <p>However, we did ask about people's experiences of telehealth and remote rehabilitation, as well as questions around if people had felt safe to attend their scheduled appointments. The answers to these questions help provide some of the detail as to which is the preferred method of service delivery. We hope to produce a report in September that will include policy recommendations on these issues and the way forward.</p>
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**Q3. We have managed stroke patients with COVID on the stroke unit in cohorted bays/rooms. But I was concerned about infection control as the MDT member were going between COVID and non COVID patients. We adopted common sense measures to prevent this, but is there any advice for the next spike?**

Pam	You raise an important point that needs to be discussed with management. I know that quite a few hospitals both in this country and overseas have not only separated patients into Covid sections and non-covert sections but have also separated staff into those treating Covid and those treating non-Covid.-Public health England came out with some advice several weeks ago related to the possibility of cross contamination and avoidance of such.
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**Q4. We are learning more about the aerosol spread of COVID, and SLT communication assessment and intervention involves singing, loud speech etc. known to produce more aerosols. As we are only wearing surgical masks for communication input, we waiting until pts were COVID free to assess & manage communication unless our input was essential. Is that consistent with other services? Any advice for the future?**

Pam	My understanding is that most trusts are following what you are doing i.e. leaving detailed assessment of speech and voice until patients are found to be Covid free-- but some degree of assessment/screening i.e. through listening to conversation can be undertaken by speech and language therapist or other members of the MDT and gives some indication for advice et cetera.
RCSLT	You must carry out a risk assessment before seeing your clients, see the RCSLT guidance for more details.

**Q5. Our stroke service has been decimated by the pandemic and consequent Trust decisions. We are all exhausted from the pandemic and after fighting for SLT in stroke for 15 years with this trust my team and i have very little energy to re-establish what we had. How can the Stroke Association's findings help us to do this?**

Pam	<p>I was sorry, but unfortunately not surprised, to read of your and your teams exhaustion!! This can make you feel very dispirited. The changes that have been needed both domestically and professionally as well as the stress and tension experienced by teams and in different environments has been overwhelming.. But I believe some good may come of this-- there is a better understanding of the requirement for different professions and roles in MDT and different ways of working-- but it is too early to see this clearly.</p> <p>I hope that you have been able to engage with the SSNAPP audit over the many years and have been able to highlight the difficulties your service is/has been experiencing with management by comparing your data with the national data of many other services.</p>
RCSLT	RCSLT will also continue to lobby government to highlight the importance of speech and language therapy for people after a stroke. We will use the findings of our survey this Autumn/Winter, and the recommendations, to call for investment in speech and language therapy and better support to people after a stroke.

Juliet	<p>I too am sorry to hear about yours and your team’s exhaustion. As I mentioned at the webinar, we are extremely grateful for all of the health and care staff that have continued to provide care and support to stroke survivors during this time. We know speech and language therapy is not invested in to the level it needs to be in the future.</p> <p>I would say that we hope to use the findings to develop a report that will reflect on the points you make. We will use these findings to continue to influence government, as well as national and local NHS bodies to ensure stroke survivors receive the recommended levels of Speech and Language Therapy. And to highlight to policy makers and decision makers where there are gaps and where they need to prioritise investment in the future.</p> <p>We will put pressure on system decision makers across the UK and engage in conversations with local commissioners to ensure there is appropriate local funding to implement the national clinical guidelines.</p> <p>We will be releasing the report in September and it will include a number of policy asks of both government and local systems, and we hope this helps improve local stroke services for both stroke survivors and staff.</p> <p>As I mentioned at the webinar, if you think you have a compelling case for investment and there is a level of unmet need in your area, but you are not being heard by your local trust, then please do get in touch with us.</p> <p>Please contact your local Stroke Association representative or a member of our Policy Team if you would like to discuss how we can support or how our findings can help further. Steph Thomson, Policy Officer, is available at <a href="mailto:Stephanie.Thomson@stroke.org.uk">Stephanie.Thomson@stroke.org.uk</a></p>
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**Q6. Is there a link between stroke and COVID-19?**

Pam	<p>There is increasing evidence particularly from other countries that there is a relationship between Covid and related CVA. I am not aware of the incidence nor whether a particular type of stroke or stroke symptomology is related.</p>
RCSLT	<p>RCSLT is continuously examining the evidence to ensure that we can share the latest research with members via our regular research newsletter and our COVID hub on the website.</p>
Juliet	<p>You may have seen stories in the media about a possible link between stroke and coronavirus. However, we still believe we need detailed information from larger groups of patients to confirm this link. We are working with stroke researchers and healthcare professionals to understand coronavirus and its effects, and we will continue to analyse new findings when they are published. Please see the attached article for further information <a href="https://www.stroke.org.uk/news/does-coronavirus-cause-stroke-look-current-research">https://www.stroke.org.uk/news/does-coronavirus-cause-stroke-look-current-research</a>.</p>

**Q7. Are RCSLT working with the central policy unit for stroke to support the more rapid development of ISDNs to support regional restoration and development of services; also do we know if/ how SLTs are part of the phase one rehab pilots?**

RCSLT	RCSLT is in close contact with NHS England to help shape this important piece of work. We have supported the development of the rehabilitation pilots, ensuring that SLT features in the scope. We are also supporting the development of the phase two pilots.
Juliet	Funding for Integrated Stroke Delivery Networks (ISDNs) has recently been approved by NHS England. NHSE remains committed to the phase one rehab pilots but confirmed funding is still awaited. SLTs as part of an integrated community stroke rehabilitation service are part of the agreed scope for phase one pilots.

**Q8. Is anybody aware of/doing any research or looking at whether asymptomatic COVID carriers are stroking? We are seeing a large number of young strokes currently and a lot don't seem to have any notable risk factors.**

Pam	National Institute of Health Research has increased the emphasis on funding research related to COVID-- but I am not aware at present as to whether there is any specific research looking into the interesting question you raise. Very important question!
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**Q9. We often use the NIHSS scores for aphasia and dysarthria in conjunction with the Stroke nurse/consultant notes to identify if a patient needs our input for communication. Is the NIHSS for aphasia sensitive enough??**

Pam	Personally, I do not think it is! Stroke nurse consultants can use standardised aphasia screening tests-- which can detect more subtle aphasic symptoms.
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**Q10. Juliet. Thank you for your new support services. Do you see these continuing into the future?**

Pam	They sound excellent! I hope that they will continue!!!-- Over to you Juliet!
Juliet	As new services, we're working to ensure we understand how people affected by stroke are experiencing them and whether it's making a positive difference for them. So far the feedback we have received has been very positive. For example, one way we're evaluating our Stroke Connect pilot service is by phoning and speaking with a selection of service users each and every week. This feeds into our formal evaluation, but also enables us to refine and improve the service in real time in response to their feedback. We've also sent out a short electronic survey to formally capture feedback from NHS teams about the service and hope to be able to use this to refine the service

	going forward.
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**Q11. Do you anticipate stroke services/outpatient rehab in the future will return to full face-to-face therapy sessions, or is it worthwhile to carry out remote online therapy sessions (especially if mobility issues), as a new adjunct to our usual service provision?**

Pam	<p>The Cactus study published in the Lancet- indicated the value of computerised support to extend the impact of face-to-face speech and language therapy. It is clear that this should be used more broadly.</p> <p>Furthermore, a proportion of patients are finding online virtual therapy more accessible (less travelling) and easier to access more frequently.</p> <p>I hope that this pandemic experience will lead to greater flexibility in service provision.</p>
RCSLT	<p>Working in this new-normal has driven the RCSLT to review all its telehealth guidance and the updated information is on our website.</p>
Juliet	<p>I think what our survey has found is that increasingly moving forward, stroke survivors would benefit from a blended personalised approach to care delivery and there is not a 'one size fits all' model. However, where remote online therapy is not suitable, it's important that stroke survivors receive full face-to-face therapy sessions in line with national guidance.</p>