

**BRITISH ASSOCIATION OF STROKE PHYSICIANS**  
ADVANCING STROKE MEDICINE  
REGISTERED CHARITY NO. 1134589



# **British Association of Stroke Physicians**

## **Strategy 2017 to 2020**



## Contents

<b>Introduction</b>	<b>3</b>
<b>1. Developing and influencing local and national policy for stroke</b>	<b>5</b>
<b>2. Providing expert advice on all aspects of stroke care</b>	<b>7</b>
<b>3. Leading on clinical standards for stroke</b>	<b>9</b>
<b>4. Promoting and disseminating research in stroke</b>	<b>11</b>
<b>5. Improving and assuring the training of doctors in stroke medicine</b>	<b>13</b>

# BRITISH ASSOCIATION OF STROKE PHYSICIANS – ADVANCING STROKE MEDICINE

## Introduction

Since the British Association of Stroke Physicians (BASP) was established in 1999, we have contributed to major improvements in stroke care. Stroke medicine is now an established sub-speciality and stroke physicians have contributed to the development of evidence based services throughout the UK: these include TIA clinics, hyper-acute stroke care, stroke units and early supported discharge services. New research evidence, new approaches to the training of stroke physicians and advances in service provision, will continue to influence how high quality stroke services develop.

The BASP Executive considers that it is timely and important to develop and review our strategy. This gives us the opportunity to reflect upon where we have come from, where we are now, and how we would like to see stroke medicine and services develop. A regular strategy review, every three years, will enable us to consider the challenges and opportunities which lie ahead. This will enable us to be proactive and plan our approach.

BASP values the diversity of our membership. Within BASP there are physicians from a range of backgrounds with a range of clinical roles. In developing our strategy, it is important that we ensure that we consider the range of roles and services that we provide. Some stroke physicians look after patients throughout the pathway, while others have expertise in one particular area. Some stroke physicians provide care exclusively for patients with TIA/stroke, whilst others provide care to patients from their parent speciality: for example, general medicine, geriatric medicine, neurology or rehabilitation medicine. Some hospitals have been able to provide a comprehensive stroke service but in other places there has been major reorganisation to achieve high quality care. We need to be mindful that 'one size does not fit all' both in terms of the roles and responsibilities of a stroke physician and provision of high quality stroke care.

BASP's vision is to provide leadership in: the improvement of clinical services; science and research; education and training relating to the health and wellbeing of our patients, their carers and the public.

The five strategy areas which BASP will further develop have been determined through consultation with the BASP membership and with our stakeholders. These are:

1. Developing and influencing local and national policy on stroke
2. Providing expert advice on all aspects of stroke care
3. Leading on clinical standards for stroke
4. Promoting and disseminating research in stroke
5. Improving and assuring the education and training of doctors in stroke medicine.

In 2019 BASP will have been in existence for 20 years. We should celebrate the difference we have made to the care of stroke patients during this time, and plan for the achievements which lie ahead.

Helen Rodgers

BASP President

Damian Jenkinson

BASP Past President

Tom Robinson

BASP President Elect

# **Ambition 1: Developing and influencing local and national policy for stroke**

## **Why is this important?**

Much progress has been made over the last two decades in stroke care across the UK. The development of specialist stroke services was accelerated by the publication of the National Stroke Strategy in England in 2007 and equivalent plans in Northern Ireland, Scotland and Wales. Stroke mortality has almost halved over 20 years, with 30 day mortality now below 13%, and a third more people now return to their usual place of residence after stroke.

Unfortunately developing stroke services has lost political momentum as a national priority. There remains much outstanding work to complete in the stroke pathway in the UK. The Stroke Sentinel National Audit Programme (SSNAP) and the Scottish Stroke Care Audit confirm that stroke care continues to show 'unacceptable variation'. People can struggle to access support they need in the community after stroke and the post-hospital pathway is very variable.

## **Why should BASP take action?**

Whilst the major national UK stroke charities have been at the forefront of the voluntary sector as advocates for people and families after stroke, there is a particular requirement for a prominent national professional voice in stroke - particularly since the stroke clinical networks and their central team were disbanded. BASP's function therefore requires a step change to become the go-to professional organisation in stroke.

## **Our priorities are:**

- To be pro-active and prominent in creation of policy and influencing in stroke
- To become the first port of call for expert advice
- To provide clear guidance to health service planners and commissioners
- To provide guidance on translation of policy into service quality and development
- To systematically engage with other stakeholders in stroke care.

**Specifically BASP will:**

- Create a communication strategy and establish a public relations function
- Create a new website
- Employ a BASP manager/administrator
- Allocate resources to enable the above.

**We will measure success by:**

- Having new staff in post by April 2017
- Having a new website
- Responding to 90% of relevant media releases with a clear stance from BASP within 24 hours.

## **Ambition 2: Providing expert advice on all aspects of stroke care**

### **Why is this important?**

Discussions regarding the provision and development of stroke services should be informed by high quality evidence, and articulated by clinicians with a specific knowledge and experience of managing patients across the whole of the stroke pathway. Navigating the complex and constantly changing infrastructure through which clinicians and researchers interact with patients, policy makers, those commissioning health-care and the mass media is challenging. Organisations that provide expert guidance comprise an array of non-governmental and professional groupings, often with competing interests, potentially resulting in mixed or confusing messages.

As and when new developments emerge in the management of stroke patients or the organisation of stroke care, it is important these are brought to the attention of clinicians, the public and the wider healthcare system. Physicians, familiar with the whole pathway of stroke care, provide balance and perspective, taking account of the needs of all patients, from thrombectomy for hyperacute stroke to early supported discharge and long-term support for stroke survivors.

In collaboration with partner organisations, such as the Stroke Association, BASP will provide timely and professional expert advice on all aspects of stroke care.

### **Why should BASP take action?**

BASP is in a unique position to represent medical opinion about all stroke related matters, with a membership working throughout the four home nations in both clinical and academic roles. As part of the BASP strategy development, we have identified support both within the BASP membership and from our partner organisations for a more proactive approach, in delivering timely and professional expert advice in stroke. By developing our links with key organisations and media organisations, BASP can improve public awareness of developments in stroke care and provide balanced and authoritative responses to breaking news stories.

### **Our priorities are:**

- To provide expert opinion on emerging developments in stroke care
- To seek and maintain representation from BASP within all key organisations relevant to stroke
- To expand the content within the BASP website so that it contains more easily accessible stroke resources for BASP and non-BASP members, including lay public, general physicians, general practitioners and media organisations.

**Specifically BASP will:**

- Develop a position of BASP manager/administrator
- Create a system for producing timely news releases to BASP members, media and other organisations
- Integrate links with external agencies into BASP committees and into a revised online presence
- Calculate the resource implications of these developments and ensure sustainable funding, most likely through an increase in the membership subscription.

**We will measure success by:**

- Having the new manager/administrator in post by April 2017
- Confirming BASP inclusion within relevant external committees / decision making bodies
- Identifying an increase in BASP website traffic statistics
- Documenting increasing BASP involvement in media interactions relevant to stroke.



## **Ambition 3: Leading on clinical standards for stroke**

### **Why is this important?**

As stroke medicine is a rapidly evolving arena, it is vital that all clinicians involved in delivering stroke care are expert and are up to date in their specific field of practice. Having a framework of robust standards that are peer reviewed and incorporate new evidence based forms of treatment; enables stroke services to be configured in a way to ensure the best quality of care for all patients. A vital part for all stroke services is that they are subjected to rigorous quality improvement measures in order to attain clinical excellence and improve patient outcome and experience. This process should be integral to all aspects of stroke care across the whole pathway.

### **Why should BASP take action?**

Despite advances in stroke care, there is still inequity in the delivery of key structures and processes of stroke management nationally as highlighted in the Sentinel Stroke National Audit Programme (SSNAP) and the Scottish Stroke Care Audit. The challenge of translating evidence into routine clinical practice still remains a challenge. BASP will provide a series of standards and guidance against which to measure performance to act as a lever to aid clinicians to improve the quality of their service.

### **Our priorities are:**

- Identify stroke physician workforce requirements for the next 5 years and highlight these changes to the appropriate agencies
- Work collaboratively with other bodies/organisations to support standards incorporating evidence based interventions (including nursing and therapy organisations)
- To support clinicians and commissioners in identifying where improvements are needed, planning for and lobbying for change
- To ensure stroke is a priority for improving clinical standards by collaborating with national audits.

**Specifically BASP will:**

- Collaborate with the Intercollegiate Stroke Working Party (Royal College of Physicians, London) and the Scottish Stroke Care Audit in developing specific standards across the entire pathway
- Identify consultant stroke workforce requirements to provide seven day working in collaboration with Stroke Medicine Specialist Advisory Committee (SAC)
- Continue to provide expert quality improvement advice and support through the joint RCP/TSA/BASP Peer Review Scheme
- To comment and provide constructive feedback on guidelines and quality standards from both RCP (London) and NICE and other relevant bodies.

**We will measure success by:**

- Demonstrating continuous improvements in key organisational and process measures in both regional and national audits.

## **Ambition 4: Promoting and disseminating research in stroke**

### **Why is this important?**

Research is vital to improving care for people with stroke and at risk of stroke. Twenty years ago, stroke research was largely neglected by most funding agencies but since then much has been achieved in the UK, based on very modest investment. The National Institute for Health Research (NIHR), The Stroke Association and the British Heart Foundation have been significant funders. The Stroke Association has awarded more than £40 million through 400 research grants over the last twenty years.

The Stroke Research Network was founded by the NIHR in 2005. Devolved administrations in the UK set up similar networks with funding from other organisations. In June 2010 eight Hyperacute Stroke Research Centres (HSRCs) were launched across England, providing researchers with infrastructure to conduct stroke research round the clock. The structure of the NIHR Clinical Research Network (CRN) changed in April 2015, and the impact of the loss of a dedicated stroke CRN remains to be determined.

NIHR CRN: Stroke now takes the lead on portfolio delivery, working in partnership with the BASP scientific committee on portfolio development. BASP has already funded two annual rounds of applications for two writing groups, to develop grant applications for research projects that would be eligible for inclusion on the UK CRN portfolio.

### **Why should BASP take action?**

Stroke research is still disproportionately under-funded relative to other conditions (such as cancer and cardiovascular disease). Randomised controlled trials involving patients with stroke – especially of interventions for secondary prevention after stroke – still struggle to recruit to target.

### **Our priorities are:**

- To develop the portfolio of ongoing clinical research into stroke along the whole care pathway
- To encourage stroke physicians to join ongoing research studies in the UK CRN portfolio

- To encourage stroke physicians to deliver research in the UK CRN portfolio, by encouraging everyone involved to recruit more patients and assess their outcome
- To publicise ongoing research and disseminate recently published research
- To support the development of the next generation of academic stroke physicians.

**Specifically BASP will:**

- Involve the scientific committee in supporting portfolio development along the whole stroke care pathway by reviewing and co-funding writing groups, in collaboration with NIHR CRN: Stroke
- Encourage BASP members to represent stroke physicians in NIHR CRN: Stroke Clinical Study Groups, participate in portfolio development workshops, and to join portfolio development writing groups
- Feature ongoing research on an updated BASP website and in BASP newsletters
- Support BASP members to recruit stroke patients to studies in the UK CRN portfolio
- Support trainees to pursue academic careers.

**We will measure success by:**

- The number of new studies accepted onto the UK CRN portfolio as a result of BASP-supported workshops and writing groups
- Representation of stroke physicians in writing groups and workshops
- Recruitment to studies in the NIHR CRN: Stroke portfolio.

## **Ambition 5: Improving and assuring the education and training of doctors in stroke medicine**

### **Why is this important?**

There is a need to provide highly skilled doctors, with specific knowledge and experience of managing patients with neurovascular disease, across the whole of the stroke pathway. These individuals are required to work alongside colleagues from multiple disciplines, to form a comprehensive stroke team. Consultants in stroke medicine are expected to have a broad and detailed knowledge, in an evolving medical field that is based upon current and evolving high quality scientific evidence. The training of the future consultant workforce may be varied but competency must be assured, transparently. There is an immediate and future risk to stroke care if either the quality or quantity of the next generation of stroke physicians does not meet rising demand.

### **Why should BASP take action?**

BASP is in a unique position; its members have a specific insight into the knowledge required and clinical demands of practice. Members make a significant contribution to the clinical supervision of stroke training and undertake both the formative and summative assessments required for completion of specialist training. BASP has a role in assuring the shape of future training in stroke medicine, whilst acknowledging the significant recruitment difficulties that the speciality is facing.

### **Our priorities are:**

- To provide high quality stroke multidisciplinary meetings, including an annual meeting specifically for trainees/associate members
- Work with the sub-speciality advisory committee in stroke medicine of the Joint Royal Colleges of Physicians Training Board to guide the shape of future training in stroke medicine
- Collaborate with other societies who have members interested in becoming or currently practicing stroke medicine at consultant level
- Articulate the many advantages of a career in stroke medicine, using a variety of media.

**We will measure success by:**

- A reduction in vacancies both at higher specialist trainee and consultant levels
- An increase in satisfactory completion (without time extension) at Specialty Year Assessment
- An increase in the number of acute medicine trainees who sub-specialise in stroke
- An increase in the retention of colleagues already working at consultant level.

## Conclusion

As the single UK-wide specialist society specifically for and run by medical practitioners in stroke medicine, BASP has a key role to play in shaping the future development of stroke medicine. The ambitions laid out in this strategy, with measurable targets and practical proposals, reflect the needs of our members and of the specialty of stroke medicine over the coming five years, and provide a structure through which they can be supported and achieved. Through the contribution of our members and the work of our executive and committees we will continue to advance stroke medicine.

Helen Rodgers

BASP President

November 2016