

**NIHR Collaborations for Leadership in Applied
Health Research and Care South West Peninsula (PenCLAHRC)**

Case Study Example of the Value of NIHR CLAHRC Funding

1st April 2017 – 31st March 2018

THE STROKE RESEARCH PROGRAMME

DESCRIPTION OF OUTPUT AND ITS IMPACT OR POTENTIAL IMPACT

The PenCLAHRC Stroke Programme has obtained funding for two studies and extensive publications

- In 2017/8 we completed [Stroke Association-funded study with NHS\(E\)](#) on geographical distribution for thrombectomy (new, disruptive technology for severe strokes). Service changes, informed by extensive modelling (using novel genetic algorithm methodology) are currently being considered by NHS England and the CLAHRC continues to inform developing commissioning option appraisal through additional modelling and interpretation.
- Modelling paths to thrombolysis in the South West (Supported by the Strategic Clinical Network and the SW AHSN) led to considerable improvements in the [first trusts involved in the project](#) and this is extending to STPs. Devon already has Clinical Community commitment to rationalise thrombolysis provision addressing Trust variation. Implementation of proposed changes (establishment of a two level approach across Trusts and sharing of resources) is subject to workforce and financial considerations.
- [Stroke Association funding a trial of singing intervention in aphasia](#) - stroke is the commonest cause (uncertainty suggested by PPI in PenCLAHRC)
- PenCLAHRC and Sentinel Stroke National Audit Programme (SSNAP) have developed audit tools based on machine learning methodology. These enable reflection on the use of thrombolysis, informed by insights into determinants of variation. An NIHR research bid is submitted and ready to roll out through SSNAP.
- Using focused ethnography, we examining how context influences the scale-up of evidence-based practices in acute stroke care. We demonstrated the potential for modelling studies to catalyse service change. Further work in this area is a high priority for future research.

CONTRIBUTION OF NIHR CLAHRC

Modelling work has directly informed changes in stroke units in the CLAHRC area, with increased proportions of patients receiving thrombolysis. Work is ongoing to quantify this in individual units.

Changes to the number of HASUs in the CLAHRC region are directly informed by PenCLAHRC modelling with Devon securing clinical agreement for change.

Commissioning thrombectomy by NHS England, is informed by our modelling of trade-offs between size and location of units.

Close ongoing collaboration with key clinical leaders in stroke care and national collaborations with SSNAP and the NHS(E) are shaping services and audit.

WHAT HAPPENED NEXT?

The key achievement for 2017/18 has been establishing close relationships with national commissioning and leadership around thrombectomy provision:

“The modelling work undertaken by PenCHORD has been invaluable in helping the NHS decide how and where services for thrombectomy for stroke should be organised. It has also raised critical questions about the organisation of the whole of acute stroke care in way that will influence the new National Stroke Plan for England” Professor Tony Rudd, National Clinical Director for Stroke, NHS England March 2018.

We currently have two funding bids under consideration and five journal articles under review or in preparation.